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ART. I.—*Discourse on the Life, Character, and Services of Dr. Daniel Drake.*—Delivered, by request, before the Faculty and Medical Students of the University of Louisville, January 27, 1853 By S. D. GROSS, M. D., Professor of Surgery.

[CONCLUDED.]

Genius has its infirmities, as well as its weaknesses. The world, looking merely at the surface of a man's character, without comprehending the machinery of his mind, and the motives and circumstances which impel it to action, is often incapable of appreciating his feelings, his sentiments, and his wants. The sun, although constantly emitting the same amount of light, is often obscured by clouds, which obstruct his rays, and impair his genial influence. Man, true and faithful to his nature, cannot always smile; his temper is often ruffled, and his mind is often overcast by sadness. He cannot be the same at all times, or to all men. Human nature is human nature in all classes and conditions; now serene and composed, now agitated by

storms and passions, approximating man, in the one case, to an angel, in the other to a fiend. In studying the character of men we should never lose sight of the fact that they are but men; nor forget the circumstances in which they are placed, and move, and have their being, nor the ends and designs which they aim and strive to accomplish. Dr. Drake had his foibles and even his faults; but it may be truly asserted that few men, engaged in the turmoil of a public life, were more free from the former or more exempt from the latter. Now that he is gone, let us forget both, and only remember his resplendent virtues.

Dr. Drake never had a vice. His enemies cannot point to a single act of his life, in which there was the slightest approximation to any exhibition of the kind. His moral character was cast in the finest and purest mould. He could not have been bad. His conscientiousness and love of approbation were too large to admit of it. The attachment and reverence which he cherished for his parents were opposed to every feeling of licentiousness and immorality. Their early training produced an impression upon his mind which neither time nor circumstances could efface, but which steadily grew with his growth and strengthened with his strength. His conduct, in all the periods and phases of his life, was squared by the strictest rules of honesty, and by the nicest regard for the feelings and rights of others. Although he was long poor, he always paid his debts to the uttermost farthing. "Pay what thou owest" was with him a golden maxim.

For public amusements he had not only no love, but they were eminently repulsive to his tastes and feelings. The impression made upon his tender mind at May's Lick, by this species of life on parade and gala days, among his father's neighbors, was indelible. He never played a game of cards in his life; gambling and gamblers he alike detested. His whole career, in fact, from its

commencement to its close, was an exhibition of attachment to moral principle. His life was one of constant and untiring industry and exertion, exhausting meditation, and the most resolute self-denial. He never knew any thing of the luxury of the chase, or of trout-fishing. He might have read Isaak Walton's "Complete Angler," the "Contemplative Man's Recreation," or "Salmonia," or "Days of Fly-fishing," with a view of seeking refuge from ennui, or relaxation from his scientific labors; but never for the purpose of learning, much less practising, the art. In a word, he labored incessantly under the impulse of a lofty ambition, and under an intense desire to improve his profession and benefit mankind.

We have said nothing, as yet, of Dr. Drake, as he appeared in his domestic relations, in the bosom of his own family, among his children and grand-children, and at his own hearth. It is no idle curiosity which prompts us to lift the veil of private life, and to look, for a moment, into the very caverns and recesses of the heart of our departed friend. We have already seen how fond he was of her who, for nearly twenty years, had shared his joys and his sorrows; how tenderly he loved her, and how faithfully he cherished her memory after her death. His attachment to her never faltered; it was deep, firm, and abiding, inrooted in the very fibres of his heart. It was sublime!

To say that he was a tender, devoted, and exemplary father would but ill express the truth; he was more; his love ran in the deepest and broadest channel. He idolized his children and watched over their interests and happiness with the care and solicitude with which the eagle watches over his young. His affection for them was omnipresent, and all-absorbing. The numerous letters which he addressed to them during his long winter residences in this city, and during his travels in various sections of the Union in search of materials for his great work, to say

nothing of his frequent visits to Cincinnati, amply attest the truth of this remark. It seemed as if the caldron of his affection were constantly boiling over, and seeking vent in such missives. They were to him as winged messengers, bearing glad-tidings from his own heart to the hearts of his children and grand-children. His correspondence with the different members of his family would cover many volumes; for it was not only frequent, but copious, extending often through many pages. His grand-children came in for a full share of this kind of intercourse, so honorable to the heart and head of this great and good man. Their birth-days never failed to be hailed by a letter, generally abounding in some witticism, some simple anecdote, or some good advice, conveyed in a plain, agreeable, and tender style, well adapted to their comprehension. During his sojourn in our city, he paid them every winter not less than three or four visits, often lecturing twice, and, sometimes, even thrice a day, that he might get in advance of his course, and thus obtain the requisite time. He had not a colleague of whom he did not occasionally borrow an hour for this purpose.

In connection with this branch of the subject may be mentioned a series of letters which Dr. Drake addressed to his children, a few years ago, while engaged in delivering a course of medical lectures in this city. They extend over several hundred pages of manuscript, and have lately, since his death, been bound in a quarto volume, under the title of "Reminiscential Letters." I am sure that every one who peruses them will, like myself, regard them as a most precious legacy from a doting father to his devoted childred and grand-children. They recount, in glowing terms, and with a true Daguerreotype-likness, the deeds and scenes of his childhood and boyhood up to the time he entered Cincinnati as a student of that profession which he was destined so much to adorn and illustrate by his labors, his teachings, and his writings.

There is not an occupation incident to a new settlement in the West, or in which he was himself engaged, which he does not pourtray in these epistles in the most vivid and graphic manner. Had he been able to wield the pencil of a Cole, he could not have painted, in truer colors, the voyage of the first fifteen years of his monotonous but not uneventful life. A selection, by some judicious relative, or friend of the deceased, would form a valuable contribution to our literature, especially for the young, whose minds could not fail to be benefitted and improved by its perusal. In point of charm and interest, in moral and religious tone, in filial reverence and devotion, in just and philosophical deduction, they are not surpassed by the beautiful Autobiography of Jean Paul, as it is exhibited in the life of that extraordinary man by Mrs. Lee, herself one of the most delightful of writers.

The life of Dr. Drake was eminently eventful. No man that our profession has yet produced has led so diversified a career. He was, probably, connected with more medical schools than any individual that ever lived. It is rare that physicians interest themselves in so many public and professional enterprises as he did. His mind was of unlimited application. His own profession, which he served so well and so faithfully, was incapable of restraining it; every now and then it overleaped its boundaries, and wanderd off into other spheres. His career, in this respect, affords a remarkable contrast with that of medical men generally, whose pursuits furnish few incidents of public interest or importance. His mission to his profession and to his age was a bright and happy one. No American physician has performed his part better, or left a richer savor along his life-track.

But his life was not only eventful; it was also eminently laborious. No medical man ever worked harder, or more diligently and faithfully; his industry was untiring, his perseverance unceasing. It was to this element of his

character, blended with the intensity we have described, that he was indebted for the success which so preëminently distinguished him from his professional co-temporaries. He had genius, it is true, and genius of a high order, but without industry and perseverance it would have availed him little in the accomplishment of the great aims and objects of his life. He seemed to be early impressed with the truth of the remark of Seneca: "Non est ad astra mollis á terris via." He felt that he did not belong to that fortunate class of beings whose peculiar privilege it is to perform great enterprises without labor, and to achieve great ends without means. His habits of industry, formed in early boyhood, before, perhaps, he ever dreamed of the destiny that was awaiting him, forsook him only with his existence. His life, in this respect, affords an example which addresses itself to the student of every profession and pursuit in life, which the young man should imitate, and the old man not forget.

There was one trait in his character of which I have not yet spoken, and which I approach with much diffidence. I allude to his humility. So largely did this enter into his conduct and character, that I cannot, for a moment, suppose that it was not real and genuine. From what I saw of it, in the different circumstances of his life, it appeared to me as if it had been deeply inlaid in his very constitution, and that it was, therefore, compelled, not unfrequently, to exhibit itself in his conduct and conversation. What corroborates this opinion is that in his "Reminiscential Letters," already more than once alluded to, he speaks of the low state of his pride. "That passion," he remarks, "was, indeed, never strong; and, moreover, was counterpoised by a humility, which always suggested how far short I came of the excellence which ought to be attained. With these traits," he continues, "if I had been born a slave, I should never have become a rebel; but conforming to my condition, and rendering

diligent service, have acquired the confidence of my master."

Dr. Drake never visited Europe. In the many conversations which passed between us on this subject, he invariably assigned, as a reason for not going, his literary and scientific deficiencies, as if he feared to come in contact with his transatlantic brethren, whom he supposed to be so much more enlightened than himself. I never could doubt the sincerity of his declaration. That he would have been a worthy representative of our profession abroad, none that knew him can doubt.

He always had an humble estimate of his scientific labors. When the first volume of his great work was published, he was naturally very anxious as to the manner in which it would be received by the profession. Almost the first notice of it that appeared was read in his presence at the meeting of the American Medical Association at Cincinnati, in 1850, by Dr. Stillè, chairman of the Committee on Medical Literature, and had the effect of completely overpowering him. He felt that the work was safe, and humility baptized his triumph in a flood of tears.

The great defect in his character was *restlessness*, growing, apparently, out of his ardent and impulsive temperament, which never permitted him to pursue any subject very long without becoming tired of it, or panting for a change. His mind required diversity of occupation, just as the stomach, to be healthful, requires diversity of food. Hence, while engaged in the composition of his great work, he could not resist the frequent temptations that presented themselves to divert him from his labors. His delight was to appear before the public, to deliver a temperance address, to preside at a public meeting, or to make a speech on the subject of internal improvement, or the Bible or missionary cause. For a similar reason he stepped out of his way to write his letters on Slavery, and his

Discourses before the Cincinnati Medical Library Association. No man in our land could have done these things better, few, indeed, so well; but, useful as they are, it is to be regretted that he undertook them, because they occupied much of his time that might, and, in the opinion of his friends, ought to, have been devoted to the composition and completion of his great work, the ultimate aim and object of his ambition. Like Adam Clarke, he seemed to think that a man could not have too many irons in the fire, and the consequence was that he generally had the tongs, shovel, and poker all in at the same time.

It was the same restless feeling that caused his frequent resignations in medical institutions. Had his disposition been more calm and patient, he would have been satisfied to identify himself with one medical school, and to labor zealously for its permanency and renown. In moving about so frequently, he induced people to believe that he was a quarrelsome man, who could not agree with his colleagues, and whose ruling passion was to be a kind of autocrat in every medical faculty with which he was connected. But, while his own conduct gave coloring to such an idea, nothing could have been more untrue.

But Dr. Drake was not merely a physician, a teacher, and an author. He was more; he was a Christian, and a Christian from choice and conviction, not from motives of expediency and self-interest. A reverence for the Deity had been deeply implanted in his very constitution; and the pious teachings of his parents, in his early childhood, were never effaced from his mind.

In 1840, he united himself in this city with St. Paul's church, then under the pastoral charge of that excellent and holy man, the late Rev. William Jackson. He had long contemplated such a step, and as the time approached for its consummation he looked forward to the event with feelings of no ordinary satisfaction. His wish was to be brought into closer fellowship with his christian

brethren, and to seal his affection for the church with the blood of a dying Savior. He was ever afterwards a faithful, consistent, and untiring attendant upon public worship. Nor was he a less regular observer of the daily duties of private and family devotion. The charge of irreligion, sometimes urged against medical men, never received any confirmation from his character.

His mind was deeply impressed with the evangelical truths of the gospel, and he could not contemplate, without serious apprehensions, the High Church movements and tendencies of the present day. He saw that Puseyism had taken deep root in the minds of many good people, and he considered it a sacred duty to aid, if possible, in counteracting what he regarded as its evil influences. So much did he have this subject at heart that he was induced, only a few years before his death, to discuss it, at some length, in the Philadelphia Episcopal Recorder, in a series of articles written with much judgment and ability. They appeared under the signature of a "Western Layman," and attracted much attention at the time. At the period of his death, he was under an engagement to furnish a series of articles for a new Review, about to be established by the leaders of the "Low Church" party.

Nearly all the early settlers of May's Lick were baptists, and hence all his early ideas of Christian doctrine, worship, and deportment were derived from that denomination. He would probably have attached himself to that church, had he not been deterred by the fact that it has no written creed, and no system of government beyond the democracy of the congregation. When only six years of age, and when he was yet hardly able to read, a baptist catechism was put into his hands by the Rev. Mr. Wood, an old clergyman, of Washington, Kentucky. It opened with the doctrines of the Trinity, which so perplexed him that he ever afterwards retained a prejudice against all

similar publications. The first Episcopal Church of Cincinnati was organized at his house. *

He was well read in the Bible; and his acquaintance with theological literature was by no means inconsiderable. He was familiar with the tenets of the principal denominations which compose the Christian world; and, while he was tolerant of other sects, he had a warm and decided leaning towards his own.

Every thing relating to a distinguished man acquires an interest, which produces a desire to become acquainted with his personal history and appearance; even to the most trifling circumstance. We wish to know how he looked, and walked, and talked; how he deported himself in the social circle, in the drawing-room, and in the presence of his friends and neighbors; how he amused himself, and spent his time; how he studied; and what means he employed to make himself just the man he was. The little sayings and doings of a great man are always objects of interest, and frequently throw more light upon his real character than his public acts. Our interest in Socrates is heightened ten fold by our knowledge of Xantippe. We can almost forgive the sentence which condemned him to swallow the fatal draught; but we can hardly excuse the conduct of a wife who destroyed the domestic happiness of her husband.

In regard to our friend, his personal appearance was striking and commanding. No one could approach him, or be in his presence, without feeling that he was in contact with a man of superior intellect and acquirement. His features, remarkably regular, were indicative of manly beauty, and were lighted up and improved by blue eyes of wonderful power and penetration. When excited by anger, or emotion of any kind, they literally twinkled in their sockets, and he looked as if he could pierce the very soul of his opponent. His countenance was sometimes staid

* Reminiscential Letters.

and solemn; but generally, especially when he was in the presence of his friends, it was radiant and beaming. His forehead, though not expansive, was high, well-fashioned, and eminently denotive of intellect. The mouth was of moderate size, the lips of medium thickness, and the chin rounded off and well-proportioned. The nose was prominent, but not too large. The frosts of sixty-seven winters had slightly silvered his temples, but had made no other inroad upon his hair. He was nearly six feet high, rather slender, and well formed.

His power of indurance, both mental and physical, was extraordinary. He seemed literally incapable of fatigue. His step was rapid and elastic, and he often took long walks, sufficient to tire men much younger, and, apparently, much stronger than himself. He was an early riser, and was not unfrequently seen walking before breakfast with his hat under his arm, as if inviting the morning breeze to fan his temple and cool his burning brain.

No examination was made of his brain after death. Had this organ been placed in the scale, its weight would have fallen far below that of the brain of Cuvier, and of Webster; but if it could have been analysed by the chemist and the microscopist, its finer texture would have been found fully equal to that of either of these illustrious individuals. It is the mind that makes the man, and the structure, not the weight of the brain, that makes the mind. A person may have an enormous brain, and yet be an idiot; and, on the other hand, this organ may be unusually small, and yet the intellect over which it presides be astonishingly great, and of the noblest quality. The engine of Dr. Drake's brain was, to borrow a not inappropriate expression, of the finest manufacture, and our regret is that it cannot be put into some new hull for further service.

His manners were simple and dignified; he was easy of access, and eminently social in his habits and feelings. His dress, and style of living were plain and unostenta-

tious. During his residence in Cincinnati, previously to his connection with this University, his house was the abode of a warm but simple hospitality. For many years, no citizen of that place entertained so many strangers and persons of distinction.

In politics he was a Whig, and never failed to exercise his elective franchise. During the presidential canvass of 1840, in which his early friend, the late General Harrison, himself at one time a student of medicine, was the Whig candidate, Dr. Drake evinced a deeper interest, and took a more active part, than he ever did before, or afterwards, in any contest of a similar kind. He was the ardent friend of rational liberty throughout the world; and no man ever gloried more in the institutions of his country.

He was naturally conscientious. A desire to execute every trust that was confided to him, promptly and faithfully, formed a prominent trait in his character. He was always unhapyy, if, through neglect, inadvertence, or misfortune, he made a failure. This feeling pursued him through the whole of his life. A little incident, of which he himself has furnished the particulars, strikingly illustrates the truth of this remark. One day, when hardly six years old, he was sent to borrow a little salt from one of the neighbors, an article which was then very scarce, and which cost at least twelve times as much then as now. It was a small quantity, tied up in a paper, which, when he was about half way home, tore, and out rushed the precious grains upon the ground. "As I write," says he, "nearly sixty years afterwards, the anguish which I felt at the sight seems almost to be revived. I had not then learned that the spilling of salt was portentous, but felt that it was a great present affliction." *

He was a man of extraordinary refinement. This feeling was deeply ingrafted in his constitution, and always

* Reminiscential Letters.

displayed itself, in a marked degree, in the presence of the female sex. Although his parents were uncultivated persons, and hardly ever mingled in refined society, they cherished as high and pure an idea of the duty of good breeding as any people on earth. The principle of politeness was deeply rooted in both, and they never failed to practice it in their family and in their intercourse with the world. *

An admiration for the female sex was one of the earliest sentiments developed in his moral nature. It swayed him through life, and continued to govern him to its close. "When that solemn event shall come," says he, "I hope to see female faces around my bed."—

> "And with a woman's hand to close
> My lids in death, and say—"Repose."

His mode of living was peculiar, and, in the opinion of the world and some of his friends, parsimonious and eccentric. Nothing, however, could have been more erroneous. The affection of his brain, which ultimately destroyed him, and to occasional attacks of which he was for many years subject, compelled him to live differently from other men. The slightest indulgence at dinner invariably brought on an attack of cerebral oppression, followed by an inability for useful mental and physical exertion; and it was a knowledge of this fact, the result of ample experience, that induced him never to take any thing at this meal, except a cup of tea and the smallest quantity of vegetables; frequently, indeed, nothing but a little pastry. At his breakfast and supper, however, he generally ate as heartily as any one. I allude to this subject, trivial as it may appear, and irrelevant as it may be to the true dignity of biography, because I wish to place my friend right before this community, in whose midst he lived and toiled for so many long winters. The explanation is due to his memory, to his children,

* Reminiscential Letters.

and to his friends. Boarding houses and hotels were disagreeable to him; he could find no congeniality at a public table, and in the noise and confusion of public apartments. He preferred his own room at the University, with his cracker and cup of tea, to the most splendid table in the State. For many years he found a congenial place and a hearty welcome at the houses of his friends. It was not to save and hoard up money that he thus lived; for no man ever spent money more liberally, no one ever had a greater contempt for it. His late associates in this University, and a few friends in this city, who alone knew him thoroughly and truly, can best appreciate the force and truth of my remarks.

To those who are engaged in scientific, literary, and educational pursuits, or in the practice of medicine, it will not be uninteresting to know that Dr. Drake was poor, and, until the last eight years of his life, pecuniarily embarrassed. It was not until after his connection with this University that he began to lay up any thing from his earnings. His medical journal only brought him into debt. The first volume of his great work has sold slowly, and had not yielded him one dollar at the time of his death. Since that period his son-in-law, Alexander H. McGuffey, Esqr., has received, as his literary executor, two hundred and fifty dollars as the balance to the author's credit up to that time. This sum is not more than one tenth of what he paid for the maps alone, contained in the work, and engraved at his own expense. Nothing, in fact, that Dr. Drake ever undertook was pecuniarily profitable. He was not a man of the money-making character. He lost money by every enterprise in which he ever engaged. His aims were always so lofty, and so far removed from self, that he never thought of money, except so far as it was necessary to their accomplishment.

But, although he has not, like Cæsar, left any landed estates, villas, orchards, or vineyards to his friends

and the public, he has bequeathed them, what is far more precious and induring, a name without reproach, a bright example, and imperishable works.

Dr. Drake received, at various periods of his life, testimonials of the high appreciation of his professional character from different societies, both foreign and domestic. The names, with the date of their diplomas, of a few only of these are subjoined.

1. The Philadelphia Medical Society, March 1st, 1806. 2. The American Antiquarian Society, April 15th, 1818. 3. The American Philosophical Society at Philadelphia, April 17th, 1818. 4. The Wernerian Natural History Society of Edinburgh, Feb. 11th, 1826. 5. The Linnæn Society of Philadelphia. 6. The Medical Society of Massachusetts, July 10th, 1836. 7. The American Ethnological Society, Nov., 1842. 8. The Sweedish National Medical Society at Stockholm, Dec. 19th, 1848.

Only a fortnight before he died, he was elected an hon orary member of the Kentucky State Medical Society at its meeting in this city. Dr. Bartlett, Profesor of Materia Medica in the College of Physicians and Surgeons of New York, and Dr. Deaderick, of Athens, Tennessee, whose name is so honorably associated with the operation of excision of the lower jaw, were elected at the same time.

But the diploma which, of all others, he valued and appreciated most highly was the one already alluded to as having been given him by Dr. Goforth, at the close of his private pupilage. He was more proud of it, and felt more pleasure in recurring to it, than of any testimonial that could have been bestowed upon him by the Royal College of Surgeons of London, or the Royal Academy of Medicine of Paris. It was, as it were, his first professional love ; he had worked hard for it, and, no doubt, felt that he was worthy of it, conscious as he was of his deficiencies. This document, written on form paper, in a bold and beautiful hand, ran in this wise :

and to his friends. Boarding houses and hotels were disagreeable to him; he could find no congeniality at a public table, and in the noise and confusion of public apartments. He preferred his own room at the University, with his cracker and cup of tea, to the most splendid table in the State. For many years he found a congenial place and a hearty welcome at the houses of his friends. It was not to save and hoard up money that he thus lived; for no man ever spent money more liberally, no one ever had a greater contempt for it. His late associates in this University, and a few friends in this city, who alone knew him thoroughly and truly, can best appreciate the force and truth of my remarks.

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"Cincinnati, State of Ohio, August 1st, 1805.
I do certify
that
Mr. Daniel Drake
has pursued, under my direction,
for four years,
the study of Physic, Surgery, and Midwifery.
From his good abilities
and
Marked attention to the prosecution
of his Studies,
I am fully convinced that he is well qualified
to practise in these branches.
William Goforth, Jr.,
Surgeon-General
1st Divis. Ohio Militia."

How little he valued his other diplomas, is shown by the fact that he never referred to them in any of his publications. In his work on the diseases of the Interior Valley of North America his name appears without any titles, merely as Daniel Drake, M. D. I do not know that he was proud of this simplicity; probably he might have considered himself more honored by the breach than the observance.

Such, my associates, was the character of the physician, the teacher, and the medical philosopher, who, in the mellow twilight of evening, was struck from our ranks; and such, my fellow-citizens, was the character of the man, who, in the full vigor of his intellect, and in the hour of his usefulness, was struck from your midst. Truly, a great and good man has fallen. A great and noble intellect is extinguished. A bright and burning light has disappeared. But, although our friend is dead, yet does he live. He survives in his works and his example. His body has gone to the tomb, to moulder into dust, and return, atom by atom, to the earth from whence it was taken; his soul, purified and redeemed, has been restored to its God and its Creator; but all that was lofty, and refined and intellectual in his character will remain with

us and with our posterity after us; gaining strength, and beauty, and freshness as it descends the stream of time. The good seed which he scattered upon the earth will continue to germinate and fructify as long as there shall be any soil for its reception, and the quickning of its living principle.

Shall it be said that such a man was born without an object; or that it does not matter whether he wrote such a work, or performed such a deed? The world, forgetful of its loss, and unconscious of his greatness, may move on in its unconcern as when he was in its midst; but that world would not have been complete without him. His presence was necessary to the age and generation in which he lived. Every human being, however humble or insignificant, is created for some given or specific purpose, although our feeble comprehension may not enable us to determine what that purpose is. Look at yonder star in the firmament. It is the smallest of its myriads of sisters, so small, indeed, as to be hardly visible to the unassisted eye, a mere speck, as it were, in the great celestial diadem, and yet, if removed from its orbit, or the place allotted to it, the whole machinery of the planetary system would instantly be thrown into a state of disorder and confusion. Will any one affirm that it was of no use, or that there was no design in its creation? The smallest pebble upon the sea shore, nay, the minutest grain of sand of which the imagination can conceive, is just as necessary to complete, and, for aught we know to the contrary, to uphold, the Universe as the mighty rock o Gibraltar, which rears its dark and frowning head aloft into the heavens from its broad ocean bed in the Atlantic Truth is eternal, and immutable; the works of the human. mind never die; they form a part of the Universe, and are indispensable to the fulfilment of God's designs.

Dr. Drake lived in one of the most memorable epochs of the development of the human mind. The first half of the present century does not yield, in fame and usefulness,

in great discoveries and improvements, to any period of time that has preceded it. His own profession has never advanced with a more steady and truly *progressive* pace. The lamp of medical science has never burned with a brighter and steadier flame. Discovery has followed discovery, and improvement improvement until the mind is absolutely bewildered by the scene before us.

Literature, science, and the arts, poetry, and philosophy, have never been more widely, or more successfully, cultivated. The blessings of knowledge, the arts of peace, and of civil and religious liberty have never been more extensively diffused among the nations of the earth. His own country has risen from an humble and feeble republic to the most exalted position that any government or people can occupy. The West, the more immediate theatre of his own fame and usefulness, has been transformed from a wilderness, the abode of the red man and the panther, into a smiling and luxuriant garden, covered with millions of inhabitants, and studded every where with cities, and towns, and villages, teeming with the arts, and luxuries, and refinements of civilized life. Its great waters, which, at the commencement of the present century, knew no vessels, save the Indian's canoe, and the adventurer's flat-boat, are now traversed by thousands of noble steamers, freighted with the rich and varied produce of our soil, and conveying the traveler in speed and safety to his destination.

The facilities of intercourse have been vastly increased. Fifty years ago a journey from Cincinnati to Philadelphia occupied the traveler between three and four weeks; now it can be performed in as many days. In 1800, there was not a single rail-road in the world; now there are thirteen thousand miles in the United States alone. Half a century ago it took nearly a month to convey intelligence from Cincinnati to New Orleans, or from the West to the Atlantic cities; now it requires hardly a few minutes. Then the lightning had been tamed; but it had not yet

been taught to speak. Fifty years ago printing was performed entirely by hand; now it is performed by steam, a single press being capable of throwing off twenty thousand newspapers an hour. When Dr. Drake entered the profession there was not a single medical school in the valley of the Mississippi; now there are nearly twenty. Then there were few graduates of medicine; now they are scattered over every portion of the country. He found his profession weak and obscure, and he left it in strength and beauty, having advanced it by his own labors, and adorned it by his own character.

But time admonishes me to bring this sketch to a close. Much more has already been said than the occasion requires, though much might be added that might be of interest and benefit to us all. In reviewing my labors I am conscious that they have fallen far short of what they ought to be, or of what they might have been in more able hands. From my intimate relations, personal and official, with the deceased, for a period of nearly twenty years, my colleagues, doubtless, concluded that the task of preparing a memorial of his life belonged more appropriately to me than to any one else. I can only say that I have endeavored to discharge the sacred trust, which their partiality has confided to me, to the best of my humble ability. It has been to me, throughout, a labor of love, not unmingled with the deepest sadness at the loss of him whose life and services we have this evening met to commemorate. I have endeavored to present a true picture of his character, and to speak of him as he was, and as he exhibited himself to us in his "daily walk and conversation." I have not indulged in panegyric, or fulsome eulogy. It has not been my object to weave a chaplet for his brow, an office of which he does not stand in need; but to drop upon his grave, still fresh with the sod that covers it, a sprig of gnaphalium, as an emblem alike of our affection, and of his immortality upon earth.

ART. II.—*Acute Prostatitis, terminating in Suppuration, with complete Urethral and Perineal Fistulæ.* By NAPOLEON B. ANDERSON, M. D., Louisville, Ky.

On the 28th of October last, about 3 o'clock, A. M., I was called to see Mr. James Harmon, aged 35 years. He was of the medium stature, athletic, raw-boned, and in possession of an unusually healthy constitution up to the present attack. I found him lying upon his back, with the knees drawn forward toward the abdomen; a high fever; flushed countenance; pulse one hundred and thirty, and hard; with an uneasy pain and scalding sensation in the region of the neck of the bladder; frequent and ineffectual desire to micturate; pain over the hypogastric region, with great distention of the bladder; thirst intense; tongue coated with a thick brown covering; eyes congested, with great pain over the orbits. I learned from him that he had had gonnorrhea, the discharge of which had been checked several days previous, by a strong injection of nitrate of silver; that he had not urinated for twenty hours, nor been purged for the period of three days. The finger introduced into the rectum, and gentle pressure upon the prostate gland, imparted the most excruciating pain, which extended down the inner portion of the thighs, to the lumbar and hypogastric regions, the glans-penis and scrotum.

He was bled from the arm freely, and the urine drawn off. The catheter was introduced with great difficulty, owing to the swollen condition of the prostate gland. A purgative was ordered, as follows:

℞.—Sulph. Magnesia, ℥ ij.
Ant. et Pot. Tart, gr. j.
Aquæ Menth., ℥ iv. Mix.

A table spoonful of which was given every hour, until purgative effects were produced.

Eight o'clock, A. M.—Has had several copious alvine evacuations; fever still high, with a dry hot skin;

countenance flushed; pulse one hundred and thirty, full and corded; bladder distended, with considerable tenderness over the pubic region, extending down the thighs and to the perineum, the latter of which being considerably swollen.

He was bled again to syncope; ten leeches were applied to the perineum, and cups to the hypogastric region, followed by hot hop fomentations. He was placed on tartar emetic and Dover's powder. His urine, on this occasion, was drawn off with the greatest difficulty, causing the most excruicating pain; it was high colored, thick and ropy. In fact, the catheter could not have been introduced at all, but by the aid of the finger carried into the rectum, and pressed gently upon the prostate gland, with a tedious, yet gentle pressure of the instrument against the parts, which lasted for near half an hour.

Six o'clock, P. M. — Fever abated; pulse soft and one hundred; perspiring profusely; has had three evacuations from the bowels; bladder again distended, though not so tense and painful as on the previous occasions, yet a constant effort and painful desire to urinate continues; the perineum much swollen, and very sensative to the touch. Ordered a hot bath; the urine to be drawn off, which continued thick and tinged with blood; an enema of sixty drops of laudanum in two ounces of starch water warmed, was ordered into the rectum, and repeated at intervals of three to four hours. Calomel and Dover's powder continued, with the hot hop fomentations to the parts.

29th — Seven o'clock, A. M. — Has rested well during the night; slight fever, with a moist skin; pulse one hundred and soft; tongue nearly clean, with red tip and edges; bladder distended; perinaeum greatly swollen and very painful, attended by a dull aching, throbbing and shooting pain, extending from the neck of the bladder

and prostate gland to the glans-penis and scrotum, the latter of which is much swollen.

Ten additional leeches were applied to the perineum, followed by hot hop fomentations to the parts. The urine was again drawn off, which continued bloody, with the existence of an urethral discharge in appearance like that of gonnorrhea. The calomel and Dover's powder were continued.

30—Eight, A. M.—No fever; skin moist; pulse one hundred, and soft; tongue clean, with the edges continuing red; bladder distended and painful; the perineum greatly swollen and extremely tender. The urine was drawn off with much pain and difficulty, remaining thick and bloody. There existed a copious discharge from the urethra, of bloody pus, attended by severe pulsatory pain through the prostate gland and perineum, with scalding of the urethra.

The calomel and Dover's powder were continued; ten leeches again applied to the perineum, followed by the fomentations.

Six o'clock, P. M. — Symptoms materially changed from yesterday. On introducing the finger into the rectum, the prostate gland was found materially enlarged, and very sensitive; which, together with the extent of the œdematous perineum—the discharge from the urethra—the aching, throbbing local pain, with a sense of great weight at the neck of the bladder, and the constant desire to urinate — the scalding sensation in the urethra — the feeling of fulness, as of a foreign body in the rectum, with more or less uneasiness in all the associated organs — the dryness of the skin, with acceleration of fever — increased flush of the countenance — with a circumscribed portion of the perineum more tender and dependent than the surrounding parts — led to the surmise of an abcess.

The calomel and Dover's powder were continued, and the bowels moved by an enema. A hot emollient poultice was applied to the perineum, and renewed by a fresh one every three hours.

31st — Nine o'clock, A. M. — The fever is much higher than yesterday — pulse one hundred and thirty, and hard — tongue dry and parched — thirst intense — bladder full and painful — perineum much swollen and slight fluctuation in the region of the gland — a copious, thick and bloody discharge from the urethra, mixed with pus.

The urine was drawn off, and the dependent portion of the perineum laid open with the bistoury, from which a large portion of thick, dark bloody matter escaped.

The poultices were renewed, and alternate doses of Dover's powder and a solution of the acetate of ammonia, followed by demulcent drinks were continued. Anodyne injections were ordered into the rectum, and repeated at such intervals as the symptoms called for.

1st Nov. — Nine o'clock, A. M. — He has rested well the previous night — has urinated freely for the first time since the outset of the attack; it contains a mixture of pus, being thick, ropy and bloody. The quantity of matter that has escaped from the opening made into the perineum has been large, attended by small quantities of urine. The treatment of the previous day was continued.

2d—Ten o'clock, A. M.—No excitement exists whatever — has urinated freely — a considerable discharge from the perineum, attended by a much larger quantity of urine than on yesterday. All medicine suspended, and the patient put upon a nourishing diet, with demulcent drinks. The poultices were continued to the perineum.

3d — Ten o'clock, A. M. — Improving fast — passed the urine freely, which is mixed with less blood, but an

augmentation of pus. The perineum not so much swollen, with a decrease in the discharge of matter, but attended by a larger flow of urine.

The warm water dressings were ordered, and the urine to be drawn off at regular intervals, by the use of the catheter. Tepid castile soap-suds were injected every four hours into the perineal fistula.

This course of treatment was continued for the period of ten days, when the urine was suffered to flow through its accustomed channel; the perineal discharge was suspended, and the organs speedily resumed their wonted functions.

The continuance, for some weeks afterwards, of the gonorrheal discharge, called for the use of balsam copaiba, rest of the organs, cleanliness, and a light diet, which, when put in requisition, speedily terminated in a perfect recovery.

LOUISVILLE, February, 1853.

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ART. III.—*A Case of Strangulated Hernia.* By CHARLES FISHBACK, M. D., of Shelbyville, Ind.

*To the Editors of the Western Journal of Medicine:*

GENTLEMEN: The following case of fatal strangulated hernia has been kindly furnished by my friend and former pupil, Charles Fishback, M. D., now in full and successful practice in Shelbyville, Ind.

It was primarily intended and offered for my private perusal and use, but possessing, as you will perceive, several points of practical interest and value, and in recognition of the trite trueism that "our *fatal* cases are often our most *instructive*, and therefore valuable, ones," I have obtained the consent of Dr. F., and herewith en-

close it, with these explanations, for insertion in your journal, if approved by you.

Very respectfully yours,

SAM'L B. RICHARDSON.

J.C., æt. 52. Has been for many years a hotel keeper; has been the subject of oblique inguinal hernia of the right side for twenty years; supposed to have been produced by lifting at a "house-raising." Temperament sanguine-nervous, complexion rather light, with black hair, moderately corpulent. Has been a full liver, and rather free drinker, habitually. His general health has always been good.

When the hernia first appeared, he wore a truss, the form of which is unknown, but for fifteen years omitted it altogether. For three or four years past has worn a heavy leaden truss, of oval form, about two by one and a quarter inches, adjusted by means of straps.

July 27th, 1852, at three o'clock, P. M., he was attacked with colicky pain, more in the hypogastric region than elsewhere. He took some domestic remedies, and also some tincturæ capsici and opii combined, regarding it as colic, from which he frequently suffered. The pain increasing in severity, W. A. Pugh, M. D., of Shelbyville, Indiana, was called to see him at 6, P. M. Found him suffering great pain in the hypogastric and umbilical regions; pulsations sixty-five per minute; tongue clean; skin soft and moist; no thirst. His bowels had not been evacuated for five or six days, as was his ordinary habit. Ordered ℞. — Extract zingiberis ℥ss, tincture opii et camphoræ ℥j, tinct. opii gtt. xv, sacchar. albi q. s., to be taken at once, and to be repeated in an hour if the pain continued. Hot pediluvia immediately, and a brisk cathartic at bed time. Four pills of the Compound Colocynth Pills of U. S. D. The anodyne draught was repeated at seven o'clock.

About two o'clock, A. M. 28th, Dr. Pugh was recalled. He had vomited several times, and the family supposed had thrown up the pills. Pain still severe; no change in the other symptoms. Ordered ℞.—Hydrargyri protochloridi, ℈ss; pulv. ext. colocynth compd., grs. v; pulv. ipecac compd., ℈ss; mix and take at once. Sinapism to the entire abdomen, and hot pediluvia, which had been neglected.

Seven, A. M. — No change in general symptoms; has vomited but once since three o'clock; partial relief of pain, which has now assumed a paroxysmal form, recurring every ten or fifteen minutes, and is most severe in the epigastric region. Ordered ℞. — Ol. ricini, ℥j; ol. terebinth, ʒss; to be taken at once and repeated every two hours until his bowels are moved.

Nine, A. M. — Vomiting continues, the oil being rejected. Ordered large injections of tepid water, impregnated with salt, which soon emptied the lower bowel; evacuations scybalous and very hard. Ordered a Seidlitz powder, to be repeated in an hour.

Twelve, M —Bowels still unmoved; pulsations seventy-five per minute; tongue slightly coated with white fur. Seidlitz powder also rejected. Vomited matter has been bilious mixed with ingesta, but is now stercoraceous, and very offensive; pain in right groin excessive *during the act of vomiting, but at no other time.* Strict examination (which had been made at every visit after the first) was again made for the hernial tumor, but without being able to detect any, the patient all the time insisting, "*There's nothing wrong there.*" *No tenderness of the inguinal region was manifested by a diligent use of the taxis.* Administered ol. ricini, ℥j., ol. terebinth, ʒss., tinct. opii, ʒj., per anum.

At three o'clock, P. M., Dr. S. D. Day was called in consultation. All the symptoms aggravated; pulsations eighty-five per minute. Ordered Hydrarg. proto-chloridi, ℈j., after which there was no vomiting for two hours.

Conference at six, P. M. Bowels still unopened; pulsations ninety per minute. Ordered ol. croton tiglii, gtt. ij., ol. ricini, ℥j. Repeat injections, and apply cloths wrung out of hot water to the abdomen.

29th, A. M.—Patient continued to grow worse through the night, during which the ol. croton was twice repeated. Bowels still unmoved; injections return unchanged; stomach retains nothing; vomiting stercoraceous, copious and very offensive; pulsations one hundred and twenty per minute; tenderness of epigastrium great, but no pain in the groin, save during the act of vomiting; abdomen tympanitic, except in the right lumbar and iliac regions, which are *emphatically dull*, particularly over the track of the ascending colon.

At seven, A. M., Dr. Fishback was added to the conference. Ordered speedy vesication of the superior portion of the abdomen, which was effected in fifteen minutes with a mixture of aqua ammoniæ., f ol. oliv, tinct. capsici and chloroform. Repeat ol. croton and injections, and also ℥j of ℞. camphora ℥iij, chloroform f. ℥j, vitelli ovi j; triturate and add aquæ q. s. to make f.℥iv.

Twelve, M. — No special change of symptoms; pulsations one hundred and forty per minute; vomiting continues but is less frequent; the matter dark and excessively offensive. Applied electro-galvanism to the right lumbar region, which excited peristaltic action, with strong desire to stool, but only a *small* portion of fecal matter passed.

Six, P. M. — Patient sinking rapidly, almost pulseless. Applied electro-galvanism again, with similar effect. He continued to grow worse until 2 A. M., July 30th, when he expired.

*Autopsy thirteen hours after death, by Drs. Pugh and Fishback. Dr. Day present.*

The anterior abdominal parietes very thick, there being a thickness of two and a half inches of adipose tissue. The

omentum majus was found slightly livid throughout; the small intestine considerably injected, and a portion of it in the right illiac region livid. Passing the hand along between the inner surface of the anterior abdominal wall and the contents of the cavity, in search of adhesions, and to ascertain the condition of the coecum and ascending colon, which were supposed, before death, from the great dulness on percussion of that region, and from the distinctly marked outline of the bowel, as felt by the hand, to contain impacted feces, a protrusion of the small intestine into the right inguinal canal was discovered, and to its particular examination attention was directed, both before and after the extrication of the strangulated intestine.

It was a small knuckle, extending about five-eighths of an inch into the canal, which was nearly horizontal when the body stood upright, the internal ring being almost directly opposite to the external, the entering arm of the knuckle lying above the escaping arm, considering the body in the erect position. The upper arm *only*, and *only the superior border of it*, was strangulated, being compressed by a portion of the tendinous margin of the ring, the *inferior border of the same arm lying loose in the ring*, as did also the entire calibre of the lower arm, wholly free from compression.

The internal ring, and the canal, were about an inch in diameter, the ring feeling hard to the finger, much like the tense margin of the os uteri, during contraction. Its form was as if two portions of its circumference were flattened, so as to form an acute angle, instead of being nearly oval; or as if the superior extremity of the oval were made an acute angle by flattening its margin from that point.

The intestine was free from adhesion to the ring or canal and *the hernial portion entirely empty*. The coecum and ascending colon were partially filled with hardened fæces.

No hernial tumor could be felt after the most careful palpation by Drs. Pugh, Day and Fishback, either before or after death. This may be accounted for *by the smallness of the knuckle, its perfect emptiness*, and the great thickness of the anterior abdominal wall — three inches.

There was *no tenderness at the site of the stricture*, nor nearer than the epigastrium, manifested on careful and repeated taxis and percussion during life.

The autopsy proved Mr. Liston to be in error in saying — "Strangulation arises, not from any change in the neck of the sac, or in the tendinous aperture, but from increase of volume in the protruded parts, caused by accumulation of the solid, fluid, or gaseous contents of the bowel;" for, in this case, *the knuckle was entirely empty*, the portion of it surrounded by the margin of the ring forming the base, and the other doubled extremity of the knuckle the apex of a pyramid, which passed out of the stricture without the slightest difficulty as to room, the upper border *only of but* ONE *arm* of the knuckle being, as it were, pinched by a portion of the tendinous margin of the aperture, and so held, the other arm lying loose and movable, having no mark of constriction on it, while about three-fifths of the circumference of the upper arm was deeply indented from pressure of the tendinous margin, applied in the manner above named, and which diminished the breadth of the bowel at that point fully one-sixth.

The pinched portion of intestine was deeply livid, the lividity diminishing gradually in each direction for several inches. The entire peritoneum was injected, the redness diminishing from the inguinal ring as a centre. *There was no pain of the belly* during life, except of the epigastrium, which was *constant*, and of the right inguinal region *during the act of vomiting only. There was no redness of the abdomen, and no heat;* on the contrary, the entire surface was quite cold.

No further examination was allowed by the family, nor were we permitted to remove the strictured portion of intestine for preservation. His family say, that had the strangulation been detected, and an operation proposed, they know he would not have consented to its performance. They also say that on the afternoon of July 25th — two days before his attack — two of his grandsons, about four or five years old, greatly amused themselves and him by striking his abdomen, as he sat in his chair, with their fists, as hard as their strength allowed, for half an hour.

Whether this, and the strong voluntary contractions of the abdominal muscles to resist each blow, had any effect in producing the strangulation is matter of conjecture.

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ART. IV. — *Antiperiodic Properties of the Humulus Lupulus.* By W. Y. GADBERRY, M. D., of Benton, Miss.

As a substitute for quinine is a great desideratum on account of its enhanced market value, I have thought a brief notice of the antiperiodic virtues of the humulus lupulus, or common hop, might not be unacceptable to the profession. I am not aware that any author has ascribed to this plant any such virtue. Having used it for nearly two years I can confidently state that its antiperiodic properties equal, if they do not exceed, those of any other article of the Materia Medica with which we are acquainted, quinine alone excepted, and, indeed, in my experience, it has often succeeded in arresting intermittents after that remedy had failed. It is harmless in its effects, and will often be borne by patients who cannot take quinine.

Every practitioner is aware of the advantage of combining an anodyne with antiperiodics, and by reference to

the works on Materia Medica, the reader will see that hops possess these properties. When administered alone the infusion is preferable, and should be made of double the strength prescribed by the Dyspensatory. One ounce infused in a pint of boiling water, may be taken during the interval, or a larger quantity if necessary. If the secretions are properly regulated, and there exists no enlargement of the spleen, it will rarely fail to effect a cure of tertian or quartan ague. It has not succeeded so well in the cases of quotidian type as in those of more protracted intervals. The tincture was used alone in three cases, successfully. The following combination is worthy a trial by all who desire a safe and efficient substitute for quinine —

℞.—Tinct. hops, tinct. Peruvian bark, aa℥jv.
Pulv. black pepper, ℥ss.

To be given in doses of half an ounce every two hours, during the interval.

My limited experience will not justify an opinion upon the antiperiodic virtue of lupuline, not having used it except in combination with quinine. Patients to whom I have administered this combination prefer it to quinine alone, on account of its soothing effect upon the nervous system. The hop is indigenous to this country, growing abundantly in almost every garden, and if I have not over estimated its antiperiodic virtue, it will prove a blessing to the poor, in whose welfare the physician should always feel a special interest.

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Art V.—*Resection of the Lower Jaw.* Successfully performed b Drs. Gaines & Henry, of Hopkinsville, Ky.

Elisha, a servant boy about 10 years of age, the property of Mrs. A. F. G., of Trigg County, was sent to us for medical treatment with a very prominent tumour occu-

pying the greater portion of the left half of the inferior maxilla. The disease was what surgeon's term exostosis. The patient says that some 18 or 20 months ago whilst playing with his companions in a kitchen, one of them pushed him over, and in falling struck his jaw against the edge of an oven, which caused slight pain for the time being, but, that he has not suffered any since. When we first saw the boy, about 13 months since, the body of the lower-jaw on the left side, about midway between the angle and the symphysis begun to enlarge outwardly; this enlargement increased very slowly; the protruding tumor felt hard and smooth, but on pressure a slight crackling noise could be heard. Within the last six months, however, the growth has been much more rapid. On examination the tumor was found to be about the size of a goose egg, forming a solid mass apparently attached or forming part of the lower jaw on the left side, and extending from near the angle of the maxilla to the symphysis. The skin over the tumor does not appear to be altered in the slightest degree, but the swelling had projected much within the mouth, and jutted the teeth in against the tongue. It was evident that no remedial means could be of avail, except the complete removal of the diseased portion of the jaw, and as the tumor had evidently involved the greater portion of the latter, we determined to remove almost the left half of the lower maxilla from the angle to the symphysis. On the 12th of February the boy who had been previously prepared was placed upon the table and rendered insensible by chloroform which was administered by Dr. James Rodman, who, with other gentlemen of the medical faculty, kindly assisted in the operation. We commenced by extracting the left lower incisor tooth. An external incision was commenced just below the articulation and brought around under the jaw to the symphysis. A vertical incision was then made through the lip to the first incison. The next step was to

secure the facial artery and vein, which was done by ligation above and below. The flap was now dissected up towards the eye and antrum, carefully avoiding injury to the parotid gland and duct. A straight saw was introduced and the bone clearly divided at the symphysis, then we passed a bistonry into the mouth and detached the soft parts from the bone a little beyond the angle. A chain saw was now passed under the bone and the bone divided just beyond the tumour. After a sufficient time had elapsed to afford an escape for whatever oozing might take place, the margins along the line of incision were accurately brought in opposition and secured by the interrupted and hare-lip sutures. The patient was now relieved from the effects of chloroform (under which he had been kept during the whole operation) by the admission of fresh air and the moderate use of stimulants, and was removed from the table in good condition.

We would take occasion to remark here, that had not this tumour, which created so much deformity, been removed, it would in a short time have worn out the patient.

We considered it most advisable to use the straight saw for dividing the bone at the symphysis, and the chain saw at the angle. Not being satisfied as to the exact character of the tumor, after its removal we proceeded to divide it longitudinally, and found it to be of the cystic kind, which was developed within the cancellated portion of the bone. We do not believe it to be of that character which is allied to cancer, either colloid or encephaloid. In some instances, where the diseases is circumscribed and does not involve both tables of the bone, a partial operation may with propriety be performed, but, in cases like the one under consideration, the operation must be more thorough in order to remove all the diseased bone. The patient has progressed very favorably. On the fifth day after the operation the sutures were removed, the line of incision having united by first intention. On the 10th day

the patient left his bed, the wound being almost completely cicatrized, and now 18 days after the operation the patient is apparantly as well as ever. It is remarkable that so small an amount of deformity has resulted from the obliteration of so important a portion of the face. The void occasioned by insulating the bone and tumor has been completely filled by callus, and the divided extremities of the bone are firmly united by a strong ligamentous substance, which renders the jaw nearly as useful and symmetrical as before.

HOPKINSVILLE, MARCH 2nd, 1853.

# REVIEWS.

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ART. VI.—*Principles of Chemistry.* By B SILLIMAN, JR., A. M., M. D., Professor of Chemistry and Toxicology, in the University of Louisville. With 423 Illustrations. Philadelphia: Peck & Bliss.

We learn from the title-page that this excellent manual has reached the *twenty-fifth* edition. We confess ourselves both surprised and gratified by this intelligence. When it is remembered that the first edition was published only six years ago, that with the judicious few it has had to compete with the standard works of Graham and Fownes, while the tide of popular preference has always set strongly in favor of the cheap and trashy compilation of Comstock, &c. This marked success must be regarded as evidence of the intrinsic value of the book itself, as it also indicates that the public begin to feel the necessity of having more scholarly school-books. In regard to the science of Chemistry, this work of Professor Silliman satisfies the growing demand of the public, which indeed it has materially aided in creating. The author's early education in the laboratory, his long and successful experience as a teacher and lecturer, and his familiarity with the applications of chemistry to the arts, and with its kindred sciences have eminently qualified him to write a text-book of standard excellence. The judicious selection of topics, and their arrangement so that the student may pass ea-

sily from one to another, show that the author is not a mere compiler of other men's researches, but an original investigator, and practically acquainted with the subject whereof he writes. The young student, who distracted by complications of glass tubes and wolfian bottles, sees nothing in a brilliant experiment but a flash, fizzle, and smoke, may clear up the mystery if he will turn to the clear and precise explanations of Professor Silliman. At least, he will not have to contend with any difficulties created by the deficient ability of the author, and imposed on those which are inherent in the science itself.

Although the present edition has been entirely re-written so as to incorporate the numerous discoveries of the last five years, still the size of the volume has not been much increased. The condensation of the subject is of that admirable kind which omits no important fact or principle, while irrevelant or merely supplimentary matter is rigorously excluded. In compliance with the custom of English and American writers, which, indeed, the defective education of nearly all chemical students has rendered necessary, the first 149 pages of this volume are devoted to those elementary principles of Physics, in particular, of Heat and the Protean forms of Electricity, which are most important to be known previous to the study of Chemistry. The next 18 pages contain the laws of chemical combination and the nomenclature, and the classification of the elements, 62 in number; the history of these and their important combinations occupies 208 pages, and the remainder is filled by an original treatise on the most intricate part of the science—Organic Chemistry. This has been prepared by one of the most accomplished chemists of our country, T. S. Hunt, who was formerly the pupil and associate of Prof. Silliman.

In conclusion we must award their merited praise to the publishers for the superior quality of the printing and binding of this work. The number of illustrations has

been more than doubled. Many of them were drawn for this edition from the author's apparatus, and these, as it is hardly necessary to say, are models of philosophical neatness and elegance.

The author appropriately dedicates his work to his distinguished father, Benjamin Silliman, Senior, for fifty years Professor of Chemistry in Yale College. It is a just tribute, as well of filial affection, and of that respect and veneration which every lover of science feels for him, who has done more than any other Amercan for the interests of American science, whose eloquent lectures and writings having made science popular and acceptable with all classes of his countrymen. Long may he live, surrounded by "troops of friends," to enjoy in his serene old age the honors, reward and affection, which follow a long life devoted to noble studies, and gratefully yielded to the "Father of American Science."

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Art. VII.—*Transactions of the American Medical Association; Vol. V.* Philadelphia, 1852: pp. 939: 8vo.

This is a very large, and to every American physician must prove an exceedingly interesting volume, while to the medical inquirer everywhere, the facts relating to the epidemics of our country, and the original observations contained in some of the essays will be acceptable. Its matter is varied; the papers are from the pens of men who have devoted special attention to the subjects, and we have no hesitation in saying that as a whole it is worthy of the American medical profession. That the reader may see what the volume embraces, we subjoin the table of contents:

Minutes of the Fifth Annual Meeting of the American Medical Association; Report of the Committee of Publication and of the Treasurer; Report of the Committee

on Amendments to the Constitution, &c.; Report of a minority of the Committee on Change of Representation; Report of the Special Committee on proposed Amendments to the Constitution.

*Prize Essay.*—On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis. By Austin Flint, M. D., of Buffalo, N. Y.

*Reports of Committees on Special Scientific Subjects.*—On the Blending and conversion of Types in Fever: By Samuel Henry Dickson, M. D., of Charleston, S. C.; On the Action of Water on Lead Pipes, and the Diseases proceeding from it: by Horatio Adams, M. D., of Waltham, Mass.; Permanent cure of Reducible Hernia: by George Hayward, M. D., of Boston, Mass.; Water: its Topical Uses in Surgery: by Charles A. Pope, M. D., of St. Louis, Mo.

*Reports on Epidemics.*—Report on the Epidemic Diseases of New England and New York; Report on the Epidemic Diseases which prevailed in 1851, in New Jersey, Pennsylvania, Delaware and Maryland; Report on the Epidemics in New Jersey; Report on the Epidemics of Pennsylvania; Report on the Epidemic Diseases of Delaware; Report on the Epidemic Diseases of Maryland; Report of the Committee on the Epidemics of South Carolina, Florida, Georgia, and Alabama; Report on the Epidemics of South Carolina; Report on the Epidemics of Florida; Report on the Epidemics of Georgia; Report on the Epidemics of Alabama; Table containg 1036 Cases of Periodical Fever, which occurred in the practice of Wm. M. Boling, M. D., of Montgomery, Ala., in the five years, from the 1st of June, 1843, to the last day of May, 1848; Report on the Epidemics of Ohio, Indiana, and Michigan; Report on the Epidemics of Ohio; Report on the Epidemics of Indiana; Report on the Epidemics of Michigan; Report on the Eepidemics of Tennessee and Kentucky; Report on the Epidemics of Louisiana, Mississippi, Arkansas, and Texas; Jackson, Miss., its Topography, and the Diseases of 1851: by C. S. Farrar, M. D.; Houston, Texas, its Topography, and the Diseases of 1851: by Wm. McCraven, M. D.; The Diseases of Washington, Texas, for 1851, including its Topography: by T. J. Hearde, M. D.

*Report on Medical Botany.*—A Synopsis or Systematic

Catalogue of the Indigenous and Naturalized, Flowering and Filicoid (Exogens, Endogens, and Acrogens) Medicinal Plants of the United States; with their Local, Botanical, and Medical References, and a Short Account of their Medicinal Properties; being a Report of the Committee on Indigenous Medical Botany and Materia Medica for 1850–51: by A. Clapp, M. D., Chairman. Officers of the Association for 1852; List of Permanent Members.

The Prize Essay of Prof. Flint has been already submitted to our readers We have been gratified to observe how much interest it has excited, and how generally it has received the commendation of the medical press.

The first special report is by Prof. Dickson, of Charleston, and is distinguished equally by the clear, logical method which pervades it, and the elegant style in which it is written. In reference to the "blending and conversion of Types in Fever," he thus expresses himself:

We are persuaded that the truth will, on examination, be found in the following propositions: 1. That each type, or marked variety, of fever is the result of a definite cause, relevant in its properties, character, and mode of action, to the effects produced, however obscure this relevancy may be, and ill understood, in the present state of our knowledge. 2. That these causes, varying greatly in nature, must be sometimes similar, sometimes dissimilar, and sometimes contrasted or opposite in the character or mode of their efficiency. 3. That causes of different kinds may sometimes co-exist. 4. That when they resemble each other, their effects or influences are readily *blended* and mingled and interchanged, as one or the other may predominate. 5. That when dissimilar causes coexist, they may sometimes act together, but not often; may sometimes blend their influences, but not readily or freely; they may possibly supersede each other by *substitution;* but in no imaginable instance can the effect of one cause be the effect of another and dissimilar cause. This sort of transformation, the only true conversion in the logical sense, is a rational impossibility; whether we regard diseases materially and ontologically as entites, or patholog-

ically and dynamically as mere affections of the organism arising out of precedent impressions from cusative agents. We do not deny the difficulty of distinguishing practically such substitution from conversion so called; we desire only to express our meaning precisely, in order that our views may be clearly understood.

The following distinct Types of Fever, Prof. D. considers clearly made out:

1. The periodical, including (after Bartlett), the intermittent, remittent, and congestive.
2. The continued, comprising typhoid, true typhus, simple fever, ephemera, febriculæ, British epidemic fever, relapsing fever.
3. The exanthematous; variola, scarlatina, measles, dengue.
4. Yellow fever, the "hæmagastric pestilence" of Copland, causus of Mosely, typhus icterodes of Cullen, malignant remittent of Rush.
2. Catarrhal fever, known when epidemic, as influenza.

We regret that the limited space at present at our command forbids our giving an analysis of this admirable paper. We can give only a few extracts instead. Having spoken of the intermingling of the various types of fever, continued, yellow, exanthematous, and influenza, Dr. D. goes on to say:

"We are now prepared to appreciate correctly the phenomena of apparent *conversion* of types, the second and more difficult division of our subject. The examples above given of the mingling and interfusion of symptoms of two or more forms of fever, differ among themselves in the greater predominance of one morbid influence or another in several cases. Of numerous attacks which commence in the same way, the course, history, and ultimate termination may be strikingly diverse. Invading with the ordinary symptoms of climatorial, autumnal bilious fever, one shall retain its periodical malarious character, ending as it begun, with the features of a simple remittent. Another, losing these features in a protracted course, shall grow more and more continuous, and ultimately put on

all the appearances of maculated typhus, with dry, dark tongue, mouth, teeth, and gums blackened with sordes; or present the meteorism and abdominal disorder of typhoid, with intestinal ulceration shown *post-mortem;* and a a third shall sink promptly into profound collapse, dying with orange-yellow discoloration of skin and eyes, and black vomit. If we suppose these to have been all struck down by malaria in a locality infected by the coexistence of the three morbid poisons, it is easy to imagine some of them to come under the influence of ochlesis, the alleged source of typhus and typhoid, and others, strangers and predisposed, to fall victims to the obscure cause of the hæmagastric pestilence. We may correctly assume that in all these a temporary *blending* of types took place at a certain stage of their progress, under the conjoint influence of the several concurrent causes. As they advanced, however, the more intense or forcible influence would predominate; generally speaking, the malarious characteristics, periodicity especially, would disappear, being substituted or supplanted by those of the more malignant poisons; a virtual and complete *conversion of type.* In this sense, then, we believe, that conversion is not only possible but frequent, and shall proceed to adduce in proof a few further instances."

He closes his paper with the following remarks:

"If contagious diseases can be originated or generated under any contingency whatever, and no one can doubt the possibility of this occurrence, and if the matter of contagion is, as indeed it must be, a vital individuality, a self-multiplying germ, capable of indefinite reproduction, then the creation or development of this new cause must give rise to new results. A new form of disease now presents itself, which either *blends* with that which pre-existed, or supplants and *substitutes* it. If the causes of the two are connate and correlated, and in any degree similar or analogous in influence, *blending of type* takes place; the more especially if they are nearly or quite the equal in force, and circumstances do not strongly favor either at the expense of the other. But if they be markedly dissimilar or contrasted, or in any manner incompatible, or if circumstances favor the one and repress the other, then there will and must happen the subversion of

the first, the weaker or least tenacious; and *conversion of type* will take place, in the only sense possible and intelligible."

The report of Dr. Adams on the diseases proceeding from lead poison is elaborate and able, and possesses great interest for communities in which lead pipes are used for conveying water. The subject is attracting much attention, and in this paper all the results that have been brought out are presented in a condensed form. The report concludes with these words:

"It is never safe to use water drawn through lead pipes, or stored in leaden cisterns for domestic purposes, and that any article of food or drink is dangerous to health which by any possibility can be impregnated with saturnine matter. It may possibly be done in some cases with impunity, but it is *impossible to predetermine* the cases of safety where so many are fraught with danger."

The Report on the Epidemics of New England and New York consists of suggestions as to the manner in which such reports may be rendered useful. One of these is, that the Committees should be continued for a series of years. The writers say:

"A Committee appointed to investigate the epidemics of any extended section of the country needs a longer time to discover, to any great extent, its reliable sources of information; and it is eminently true of such a Committee that what is ascertained in this respect in one year, would be of essential advantage in the investigations of the next. And if, therefore, it should be appointed for a series of years, the results of its researches would become from year to year more valuable; and at the conclusion of its term of service, a summary of these results could be made out, which would be of very great value to the profession. It is obvious that comparisons could be instituted between the results of different years, by a Committee acting for the whole period, which could not be made successfully by Committees newly appointed from year to year."

The force of this must be admitted, and we may expect

happy results from the adoption of the plan suggested. The Committee were not able. in the time given them, to collect any materials for a medical report.

Dr. Parrish's Report on the Epidemics of New Jersey contains much interresting matter. In reference to dysentery he says:

"Experience has taught us that it is safer to treat dysentery as an irritation merely of the intestinal mucous surface, and so far as we may judge of the practice of other physicians in our State, with whom we have conferred, we believe that the most successful treatment, every where within our borders, has been such as has conformed with the pathological views herein expressed. When a treatment has been adopted consistent with the inflammatory theory the fatality has always been alarming."

"The treatment every where, with but one exception, so far as we have seen, has been nearly the same. But one account has been received which acknowledged the necessity of depletion, and in that the disease was described as mild, tenesmus being absent, and the typhoid tendency not apparent. The treatment generally relied on has been as follows; perfect rest in the recumbent posture, with large doses of opium, to control the action of the heart; elevation of the hips to relieve partially the local congestion of the rectal vessels, abstinence from food, sponging the surface with alcoholic liquors, hot fomentations over the abdomen, effervescing draughts occasionally and ice by the mouth *ab libitum*, &c. In the commencement of the disease it has generally been arrested by such a course; if treatment has been deferred till a later period, gentle stimulants have often been required. The rate of mortality has been smaller under such a course."

The Report on the Epidemics of Pennsylvania and Delaware embraces communications from several physicians; one of which, by Dr. Condie, giving a summary of the diseases of Philadelphia for the past year, contains many valuable statistics. Dysentery was one of the prevalent diseases of the year, and the anodyne plan of

treatment, we perceive, was the one which found most favor.

Dr. Carpenter communicates an important fact to the Committee. He says, that "in every obstetrical case which he has attended for two or three months past, there have been symptoms, more or less violent, of puerperal fever." Is it not questionable whether a practitioner ought to continue to attend obstetrical cases after he finds that puerperal fever is so generally the consequence? Has he not good grounds to fear that he communicates the disease to his obstetrical patients? We think this question is one which physicians ought gravely to consider. If, as there is much evidence for believing, the poison of puerperal fever be portable, and women receive the disease from their medical attendants, it surely would be well for accoucheurs who have attended one case of the disease, to abstain, for some time, from obstetrical practice.

In these reports many anomalous forms of disease are described, and to the practitioner of the country, who is in the way to meet with such cases, they must prove exceedingly interesting.

Dr. D. J. Cain's Report on the Epidemics of South Carolina is full and instructive. He mentions among the epidemics of the year an affection which he styles "*Brow Ague*," and which is thus described:

"The paroxysm usually came on between 10 and 12 o'clock in the day, with a dull aching pain, generally over one eye, but sometimes over both eyes, evidently seated in the frontal sinus. The pain gradually increased in severity until the patient was almost distracted, agonized; it then as gradually abated and almost ceased about daylight; from that time until the hour of access of the paroxysm the patient was comparatively free from pain. During the paroxysm, or more properly speaking, exacerbation, there was a free secretion of tears, but in no instance was there observed a discharge of pus. The duration of the

disease was one, two, or three septenary periods, the paroxysms recurring with great regularity. The local application of chloroform gave, in most of the cases, temporary relief; but no mode of treatment, including that with quinine and bebeerine, seemed to have any effect in cutting short the disease."

Cases of this complaint have been frequent in this city during the last month, and have sometimes proved very refractory. We have derived the greatest benefit from opiates.

Paronychia is enumerated among the epidemics of the year. Dr. Cain says:

"One of the most strange of the phenomena that marked the course of the past year, was the prevalence in an epidemic form, of whitlow. This epidemic was not confined to any single section of the State, but, from the information we have been able to collect, it extended over a great portion of it. In Charleston, it was observed during a greater part of the past summer, and simultaneously in Georgetown, as reported by Dr. Miller, and also in Columbia, by Dr. J. S. Crane. We have the authority of Dr. R. W. Gibbes for the statement that, in the last-mentioned town, out of forty or fifty workmen employed in a factory, more than half the number were affected. Adults were chiefly attacked; but no death occurred from it alone, as far as could be ascertained. One patient, reported by Dr. Miller, had simultaneously three on his fingers, and one on a toe. The great majority of the cases were severe, the constitutional disturbance being high, and the inflammation soon terminating in sloughing of the soft parts: in a certain proportion, the periosteum was destroyed, leaving the bones carious or necrosed, which condition necessitated their ablation. Coincidently with the prevalence of whitlow at Georgetown, Dr. Miller observed an unusual number of furuncles, abcesses, and papular and vesicular eruptions."

The Epidemics of Georgia were typhoid fever, influenza, diarrhea, and dysentery. A longer catalogue of diseases is detailed as having been prevalent in Alabama the report of which is from Dr. Boling, of that State, and

like every thing from his pen, is careful, minute, thorough and judicious. Dr. B. succeeded in drawing out many of his brethren, who have communicated to him excellent histories. The whole communication is valuable as a summary of facts. An elaborate table of 1036 cases of periodical fever, which occurred in the practice of Dr. Boling, from 1843 to 1848, inclusive, is appended to the report, and very much enhances its value.

The Report on the Epidemics of Ohio, Indiana, and Michigan, by Dr. Mendenhall, is one of the longest and most labored in the volume. He was aided in the collection of materials for his report by Dr. Pitcher, of Detroit, and Dr. Patterson, of Indianapolis. These gentlemen have laid the profession under obligations for the industry and zeal with which they entered upon their laborious task.

On behalf of our brethren we would acknoweldge our obligations to Drs. Sutton, Bell, and Bowling, for their excellent report on the epidemics of Kentucky and Tennessee; and we should do injustice to the Committee on the epidemics of Louisiana, Mississippi, Arkansas, and Texas, if we did not award to them similar and quite as high praise. It is one of the most encouraging circumstances connected with the present state of our profession, that so many practitioners have been found disposed to devote the time and labor necessary to bring forth such reports. It is a circumstance full of promise.

The last report in the volume, and the longest and most elaborate, is one which should have appeared in the Transactions of 1851. It was written by Dr. A. Clapp, of New Albany, and forwarded to the Association, at Charleston, but failing to reach its destination in due season, it was not inserted in the volume of that year. It is a report on the *Medical Botany of the United States*, and embraces every thing worth putting upon paper on that subject. It is complete, and must form a work of

reference for all future inquirers and writers on the medical botany of this country. The labor bestowed upon it by its learned author has been immense, and its fulness and accuracy are worthy of all commendation.

The report of the Committees on certain proposed amendments to the Constitution refer to some questions which are likely to excite warm discussion at the approaching meeting of the Association. It is not to be disguised that there is a party in the profession who, from the beginning, have been jealous of the influence of our medical colleges, and with whom a favorite project has been reform in that direction. With them, the end and aim of the Association is to legislate for the medical schools. As, in their estimation, all the evils that beset American medicine spring from the schools, all that is needful to purify the stream is to make the fountain pure. According to the view of this party, the body of the profession and the medical colleges are in a state of antagonism. Thus, Drs. Hays and Storer, in support of their proposition to reduce the representation of these institutions, urge this argument: "If the colleges were to make a preconcerted, united effort, they could, to a very considerable extent, control the action of the Association, and thus sacrifice the interests of 30,000 practitioners of the United States, for the benefit of about 200 professors."

Now, we confess our inability to see any force in this. We cannot understand how it can ever become the policy of the schools to "sacrifice the interests of the practitioners." Their interests, it appears to us, are one. Whatever affects the profession bears upon the schools, and whatever elevates or injures the schools must be felt by the profession. We have always been opposed to these sectarian views. We regard the schools and the practitioners as forming one profession, and cannot see how it can ever become their interest to make war upon each other. No school can prosper without the countenance

and support of private physicians. The moment it places itself in an antagonistic attitude to its patrons, it has committed suicide.

We do not know, if we were a member of the Association, that we should vote against the proposed amendment — to give each medical college one delegate instead of two; it is to the reason urged for the measure that we object. Perhaps one delegate would be a fair ratio for the schools; it would be easy to determine that by the proportion of professors to practitioners in the former meetings. But let us have a harmonious, a homogeneous body, if possible. Let us keep down, if we can, the bttierness which party lines are sure to engender. It is to be hoped that it is as representatives of the profession, not of schools, that medical professors go to the Association. We are sure he must appear a most unworthy representative who does not act for the profession, the whole profession of his country.

The meeting of the Association soon to take place in New York, promises to be the largest yet held, and will be one of uncommon interest, not only to the delegates who may attend, but to the whole profession. These questions respecting amendments to the Constitution, we hope, will then be finally disposed of, that the Association may address itself with undivided attention to the advancement of medical science.

# SELECTIONS

FROM

## FOREIGN AND HOME MEDICAL JOURNALS.

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*Anæsthesia in Midwifery.* By HENRY MILLER, M. D., Professor of Obstetric Medicine in the University of Louisville.

(From the Transactions of the Kentucky State Medical Society.)

*First. The mode of using Anæsthetics*—Several chemical liquids, of a volatile nature, have been ascertained by experiment to possess anæsthetic properties,—such as sulphuric ether, perchloride of formyle or chloroform, chloride of hydrocarbon, nitrate of ethyle, bisulphuret of carbon, &c.—Agreeing in the common property of producing, more or less perfectly, the anæsthetic state, each of these agents is imbued with properties peculiar to itself, rendering it, more or less, suitable for the particular use in question. After many experiments upon himself and others, Dr. Simpson was induced to give the preference to chloroform over all its congeners. Chloroform is preferable to sulphuric ether,—the only one of the list that can be put in competion with it,—in several respects: it is more portable, a small quantity sufficing to produce the effect; it is less exciting and more agreeable to inhale; and its action is more rapid and complete, and generally more persistent.

Chloroform is the only agent which has been used by the writer, and he has had no reason to be dissatisfied with it, or inducement to try others. In its exhibition, he has never used anything but a lady's handkerchief, folded the size of his hand, and held in its palm, rendered

hollow by flexing the fingers. The handkerchief is sprinkled with chloroform, either by pouring or shaking the vial containing it while the handkerchief is held on its mouth. Perhaps a drachm may be required for its first wetting, and it is then held, in the hollow of the hand, over the nose and mouth, in pretty close approximation. The patient must be encouraged to inhale it until she is quieted, or until slight snoring indicates that she has fallen into a state resembling natural sleep, when the handkerchief must be removed and folded in the hand, to prevent, as much as possible, the evaporation of the chloroform. During or immediately previous to each returning pain, the handkerchief is to be held to the nose and mouth; and must be sprinkled afresh with the chloroform, from time to time. When distention of the perineum gives warning of the advent of the child, to relieve the more excrutiating pains which are then endured, the patient should be made to enhale more freely until a greater degree of insensibility is induced than had existed previously. Until this period it is not essential that the inhalations be pushed to the extent of producing complete insensibility. It may be, and frequently is used by the writer as a *benumber* of pains at first, and is more liberally exhibited toward the conclusion, so as to annul the anguish and avert the shock which would otherwise be endured by the patient. The accoucheur need not, and indeed cannot himself administer the chloroform throughout the labor without neglecting his indispensable duties, especially toward its termination. The writer's practice is, having commenced the administration and observed its effects, to commit the handkerchief and chloroform vial to any female friend, who may chance to be present, and direct by signals its further use.

*Secondly—The Benefits of Anæsthetics. First: In Ordinary Labor, as an Anodyne.* Whatever doubts may have existed formerly, the experience of our own times has demonstrated that pain is not an essential component of parturition in the human species, any more than in the inferior animals. There are, truly, mechanical impediments peculiar to woman, incident to her erect position, and imposed as a tribute for her superior rank in the scale of being. But to surmount these, she is benevolently pro-

vided with a muscular apparatus, superior in point of strength to what belongs to any of the inferior creatures; and, in obeying the requisition made upon it, when the fœtus is to be expelled this apparatus may be exerted, to the utmost of its capabilities, without the accompaniment of pain. There is no more curious phenomenon (curious, because we are so accustomed to witness suffering in travail,) than that which we now often see in the lying-in chamber, a woman in the strong throes of child birth, straining every auxiliary muscle in aid of the powerful contracting uterus, while the breath is held and the big drops of sweat stand on her brow, and yet she feels no pain, even though consciousness may remain. The motor nervous power is unimpaired while the sensory is temporarily paralyzed.

If, then, pain be not essential, we are strongly tempted to suspect that it is *unnatural*, and when we consider that among the many families of our race, there is almost a complete exemption from it, our suspicion is converted into assurance. When it may be truly predicated of any physiological function, that it is unnaturally performed, it must be concluded that the organs concerned in it are in a morbid condition, and this was a doctrine held and promulgated by Dr. Rush, which anæsthesia has contributed not a little to confirm. "The philosophers," wrote Dr. Rush, "in describing the humble origin of man, say that he is formed '*inter stercus et urinam.*' The divines say that he is 'conceived in sin, and shapen in iniquity.' I believe it to be equally true, and alike humiliating, that he is conceived and brought forth in disease." This disease, according to the wise and benevolent author, appears in pregnancy and parturition. In pregnancy there is inflammation of the uterus, evinced by all the usual phenomena of that morbid state, in other parts of the body, such as swelling and enlargement, hemorrhage, a full, quick and tense or frequent pulse, sizy blood, and the formation of a membrane upon the internal surface of the uterus, similar to that which is formed upon other inflamed mucous surfaces. "Parturition," he continues; "is a higher grade of disease than that which takes place in pregnancy," consisting of "convulsive or clonic spasms in the uterus, supervening its inflammation, and accompanied with chills, heat, thirst, a quick full,

tense, or a frequent and depressed pulse, and great pain."

For this disease of pregnancy and parturition, the great remedy of Dr. Rush was blood-letting, and perhaps his partiality for the lancet gave too much depth and intensity to the coloring of the picture which he has drawn of the pregnant and parturient states. After all due abatement, however, it must be allowed, by the candid inquirer, that in the actual condition of civilized society, much more suffering and danger await women, at such junctures, than in other conditions more simple and natural. We are not going to sing the praises of barbarism, —for we do not believe that mankind were intended by nature to live by the chase, and sleep in wigwams,—but it cannot be doubted that the habits of females, in highly civilized countries,—their luxurious living, their modes of dress, their neglect of exercise, and erroneous mental and moral culture,—tend to unduly exalt the nervous system, while the muscular is depressed and enervated. Hence, with not a few of them, pregnancy is but an interminable train of anomolous maladies, and parturition an enfeebled struggle, in which sensibility displays its usurped ascendancy over muscular contraction.

To allay this morbid sensibility,—to assuage the pain and anguish which are its product,—is surely a task that the obstetrician cannot deem unworthy of his best exertions. If it be esteemed, upon the authority of Lord Bacon, "the office of a physician, not only to restore health, but to mitigate pain and dolors," he will find no fairer field for the exercise of this enviable prerogative, for there are no "dolors" that are at all comparable to those of morbid parturition; and, in the qualified sense which has been explained, nearly every case with which we are concerned is of this nature.

But the benefits resulting from anæsthetics in Midwifery are not confined to the alleviation or annulment of pain. There is nothing established by more indubitable evidence than the greater freedom from the aches and ills of childbed, enjoyed by those who have been subjected to their influence. They complain of little or no weariness or soreness, and make better and more rapid recoveries. The writer was early struck, in a remarkable manner, with this fact, as he thinks every observant practitioner must be who uses chloroform, before his attention was particu-

larly drawn to the testimony of others. This testimony it is needless to quote in detail ; it may be found, in great abundance, in nearly all the narratives of cases, and in all the communications that have been written on the subject. What adds greatly to its credibility is the further fact, that in most instances, it is the spontaneous declaration of the patients,—their unprompted and grateful tribute,—who, if they have borne children before, under the old régime of strong cries and groans, wonder to find themselves so much more comfortable—so much more like themselves in their best estate.

*Secondly: The benefits of Anæsthetics in extraordinary Labor.* If it be thus safe and salutary to administer Chloroform in ordinary labor, we should expect still greater benefits from its use in extraordinary labor, involving, as it does, increased suffering and danger. The pain attendant upon natural parturition is perhaps as great as that which is endured in most surgical operations, while there can be no doubt that in some cases of preternatural labor the agony is both greater and more protracted than in any of the operations of Surgery. We refer more especially to delivery by turning in shoulder presentations, when the uterus is emptied of its waters and is molded to the fœtus, —leaving but little space for the hand, and disputing every inch of ground, by the indomitable contraction of its fibres. In such a condition, the patient is not only exposed to excruciating pain, but to the risk of laceration of the womb, or destruction of the child. The imprisonment of the placenta by the hour glass contraction offers another formidable difficulty, the surmounting of which subjects the woman to cruel torture and no slight danger. We see not how a humane practitioner can justify himself in withholding chloroform in such cases, even if it were not otherwise beneficial than as an anodyne and oblivious antidote of the pain which his ministration must otherwise inflict. The appeal is, however, not to his sympathy alone. There are valid grounds for the belief, that chloroform, in such cases, is not only a pain-annulling but a life-saving medicament. Dr. Channing has collected the statistics of 51 cases of instrumental, preternatural and complicated labor, treated with ether or chloroform, among which were nine cases of presentation of the shoul-

der,—all the mothers recovered, and six of the children were born alive,—which is more favorable, we think, than the general results of such cases. There were 24 cases of instrumental delivery, viz:—20 forceps and 4 craniotomy; all the mothers recovered, and 15 of the children were born alive, which is also greater success, we think, than generally attends the employment of instruments in Obstetric Surgery.

We do not allege that the statistics of Dr. Channing prove absolutely that chloroform has diminished the mortality of obstetric operations; but they serve, at least, to strengthen the faith, which reasoning is calculated to beget. What is there in manual and instrumental delivery, that enhances its danger more than the additional pain and shock which must be endured? And to neutralize this pain, to foil this shock, must increase the chances of recovery, by counteracting one of the elements of destruction. Pain is depressing in its influence upon the vital energies, and in its greatest intensity may even extinguish life.

We do not doubt that when the subject shall be fairly investigated by treating a sufficiently large number of difficult cases in Midwifery, similar in kind, and circumstances, with and without etherization, a large balance of maternal and fœtal life will be found in favor of etherization. This prediction is justified by the statiscal evidence collected by Dr. Simpson, which proves undeniably that the mortality of one of the most formidable operations in Surgery, viz: amputation of the thigh, has been remarkably diminished by etherization. He gives, in tabular form, the results of this operation in severa extensive Hospitals, from which it appears that the lowest mortality was 36 per cent., or 46 deaths in a 127 cases, in the Glasgow Hospital, wherein ether was not employed; while the same operation upon 145 patients, in an etherized state, but in other respects, under similar circumstances, was fatal in only 37 cases, or 25 per cent. —being a saving of 11 lives in every 100 amputations! This furnishes a strong argument from analogy in favor of the saving efficacy of etherization in Midwifery operations; for between these and surgical there is no difference.

We may advance a step further, and venture to predict that chloroform, administered in natural parturition,

may sensibly curtail it of the mortality incident to it independently of any operative procedures on the part of the accoucheur; so that of an equal number of cases of natural labor, treated with and without chloform, fewer of the former will die in childbirth than of the latter. The more fortunate issue of the etherized cases will be mainly attributable to the annulment of pain, which is a pernicious ingredient in the process of parturition; but we would not perhaps greatly err if we were to consider every parturition to be a natural surgical operation, and, therefore, as likely to be benefited by chloroform as the surgical operations of man's device. In the natural operation the dislodgment of the fœtus is effected by the enormous and forced dilatation of the os uteri, vagina and vulva, and the application of a powerful *vis a tergo*, instead of a tractor, which an accoucheur would employ. After the operation is over, the uterus is in a state, which has been compared by Cruveilhier, (*Anat. Path. du. corps. hum., livr.* XIII,) to a wound or the stump of a limb after amputation. Where the placenta and membranes had been attached, the mucous membrane is no longer found, or is only seen in the cervix, and about the orifices of the tubes; every where else, the muscular tissue appears naked. Upon that portion of the uterine surface, which corresponded to the placenta, may be seen large venous orifices, plugged by coagula, resembling the orifices of the veins of the stump after amputation,—the simile is Cruveilhier's, not ours. Here, then, is an extensive solution of continuity, which needs to be repaired, and the process instituted by nature for that purpose, is accompanied by more or less fever, having many points of resemblance to that which follows other wounds, and hence denominated by Cruveilhier traumatic fever.

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*The Specu'um Uteri.* By HENRY MILLER, M. D., Professor of Obstetric Medicine in the University of Louisville.

(From the Transactions of the Kentucky State Medical Society)

*The Speculum Uteri.* The speculum uteri is not an instrument of modern invention, although it had fallen into

disuse for ages, until it was revived by M. Recamier, in France, early in the present century. The speculum of Racamier was a concial tin tube, polished upon its internal and external surfaces, which he employed at first, of small size, for the purpose of making various applications, of a mild nature, to ulcerations of the vagina and os uteri, but subsequently of larger size, the more completely to expose the affected parts in cancer of the womb, and to apply caustics for its cure. The introduction of a tube, of such diameter as is required in some cases, being more or less difficult and painful, other practitioners had the speculum constructed of two or more branches or valves, which, when closed, form a concial tube that may be opened in the vagina, to any desired extent, by simple mechanical contrivances attached to the free extremity of the instrument.

Instead of describing the different specula which have been invented, and discussing their advantages and defects, the writer will be content to declare his own preference of the quadrivalved speculum for diagnostic, and not unfrequently, for therapeutic purposes. It may, when there is occasion, be easily converted into a trivalve or bivalve speculum, by detaching one or both of the articulating branches. The quadrivalve, which he uses, was made by Charriere, of Paris, and when fully expanded, its uterine extremity has an aperture of 2¼ by 2¾ inches.

The quadrivalve or bivalve speculum answers very well for cauterization, when the nitrate of silver, in stick or solution, is used; but if it be necessary to apply more powerful caustics, such as the potassa fusa or potassa cum calce, whose diffusion might do injury to the vagina, the tubular speculum should be employed. The tube is also preferable for applying leeches to the uterus, as they are liable to take refuge between the branches of the valvular speculum or fix themselves upon the vagina instead of the os uteri. It is necessary to have tubes of different sizes: the writer finds that three are sufficient for all practical purposes. His are made of silver, polished upon both surfaces, and are conoidal, being circular at their uterine extremity and oval at the free extremity—the circular aperture measuring 1¼ inches in No. 1; 1½ inches in No. 2; and 1¾ inches in No. 3. The extremities offer slopes, which incline toward each other and which are di-

rected toward the pubes, in the introduction of the instrument. These specula are furnished with wooden stoppers, which project about an inch at the uterine end, in the form of the glans penis, to facilitate their introduction

*The Speculum as a means of Diagnosis.*—In a paper, on the use of the speculum, read before the *Royal Medical and Chirurgical Society*, May 28th, 1850, Dr. Robert Lee makes the assertion that in the two great classes of organic diseases of the uterus—malignant and non-malignant—and in all the displacements of the uterus, he has derived little or no aid from the speculum, in their diagnosis and treatment. The writer confesses his unfeigned surprise when this assertion, by an author of Dr. Lee's standing in the obstetric department of the profession, first arrested his attention, in perusing the report of his paper in the London Lancet. In the discussion which ensued, none of the distinguished gentlemen present appear to have noticed it or animadverted upon it in such terms as it deserves. Let us, then, inquire whether the speculum is indeed superfluous, first, in organic diseases, and secondly, in displacements of the uterus. It will be conceded, we presume, that inflammation is an organic disease, and that it is, moreover, the architect of numerous other diseases of the same class. Now, Dr. Lee virtually affirms that the speculum is not needed to discover the existence of inflammation of the cervix uteri, and upon this we join issue with him, being willing to stake the fortune of the speculum on its trial by a jury of our peers.

If the speculum be discarded, we cannot discover inflammation in this, its favorite lurking place, except by the symptoms that accompany it, or by the touch, in the usual mode of examination. Will the symptoms reveal it? Their uncertainty and the dimness of the light they shed, are proverbial. There may be pain or a sense of heat in one of the iliac regions, together with backache and neuralgia of the musculo-cutaneous nerves of one or both thighs. There may be frequent and painful micturition or tenesmic irritation of the rectum. The menstrual function may be deranged, and there may be leucorrheal discharge. But any or all of these symptoms

may be present, and yet inflammation may not exist, while there may be inflammation, and few or none of these symptoms be complained of. Of the truth of these remarks no practitioner can be ignorant, who is much conversant with the diseases of females, and is familiar with the use of the speculum. The writer well remembers the case of a lady, the mother of two children, who miscarried in her third pregnancy, and suffered severely with her head for more than a year afterwards. She complained of fulness of the head, with more or less pain continually, and occasionally with very acute pain. On the part of the uterine system there was no evidence of any thing amiss, except that she did not conceive again, and menstruation, though regular, was scanty, seldom lasting more than a day, and amounting to a mere show. There was not, at any time, leucorrheal discharge, nor did she complain of pelvic pains, and yet when examined with the speculum, chronic inflammation, with hypertrophy of the uterine neck, was discovered. This was cured by the usual treatment: menstruation returned to its healthy type, and the cephalic symptoms gradually abated.

Can the touch detect inflammation of the cervix? This question might be answered by another; could a blind surgeon detect cutaneous inflammation by the touch? The truth is (and every accoucheur well knows it), none of our senses is more deceptive than the touch, or more frequently leads to mistakes. The only discovery which can be made by it, in the matter under consideration, might be made as well by any other instrument as by the finger, viz: the existence of morbid sensibility in the cervix uteri. When the inflamed cervix is pressed upon by the finger, the patient usually winces, and so she would were it pressed upon by a stick. Morbid sensibility may, however, exist independently of inflammation, and cannot, therefore, be regarded as furnishing conclusive evidence in such an investigation.

Upon the whole, then, the practitioner who relies on the symptoms and touch only, for his diagnosis in these cases, can never know of a surety that inflammation exists: he may surmise it, but cannot positively have any greater certitude than could a blind occulist concerning the existence and nature of inflammation of the eyes.

Ulceration belongs also to the class of diseases, in which, accoroing to Dr. Lee's assertion, little or no aid is to be derived from the speculum — howbeit he is incredulous as to the occurrence of this morbid state, in the female sexual organs, except to a very limited extent. He says explicitly that he has never seen ulceration of the os and cervix uteri, which was not of a specific character, especially scrofulous and cancerous. To fortify himself in this position seems to have been the main object of his paper; for could it be proved that ulceration is a rare disease in these parts, the speculum might the more readily be driven from the field. Dr. Lee's clique, who rallied around him in the debate, felt equally with himself the necessity of expunging ulceration from the list of female sexual maladies. To accomplish this, they were forced to maintain that ulceration necessarily involves a palpable loss of substance. It is readily admitted that, in this sense, ulceration is a rare form of disease of the os uteri; we are not sure, indeed, that we have ever once met with it, nor have we a right to look for deeply excavated ulcers in such a situation. The mucous membrane alone is commonly implicated, and this is here of such exceeding tenuity that it cannot be dissected from the subjacent tissue. The nearest approximation to a dissection, which can be made by the most skillful anatomist, is to lift it up, in delicate patches, upon the point of a sharp lancet. Supposing the membrane to be destroyed, in its whole thickness, by the ulcerated process, there would not, therefore, be palpable loss of substance or any thing like an ordinary ulcer upon the skin, or even upon the mucous membrane of the intestines. But there is, nevertheless, what fulfills the definition of ulceration, namely, a solution of continuity, in a soft part, accompanied by a purulent discharge, for it may be brought to light by the speculum, and when wiped with a sponge, a raw and often a bleeding surface is exposed. What matters it, if Dr. Lee and his partisans choose to call it "abrasion," "excoriation," or by any other name. Such a surface, produced by morbid action, were only the epithelium destroyed, is ulceration; for there is solution of continuity and there is purulent secretion.

Ulceration of the os uteri is usually accompanied by in-

flammation, and the symptoms to which it gives rise are nearly the same, only there is more constantly purulent leucorrhea. But this discharge does not always attend it; for the secretion may be so slight as to be absorbed, and there may be purulent discharge without ulceration. Ulceration cannot, therefore, be predicated of any case from the symptoms only. It may be discovered by the touch, when the roughness of the affected surface is well marked, but in the very great majority of instances, nothing can be positively affirmed until the parts are brought under ocular inspection. Of this, every day's experience convinces the writer more and more firmly. While inditing this report, he had occasion to examine a lady, from a distance, whom one of the most distinguished surgeons in this country, after examination by the touch alone, pronounced to be laboring under displacement of the womb, the organ being, as he assured her, perfectly free from disease: the writer was soon satisfied, by a specular, as well as tactual examination, that there was chronic ulceration of the os uteri, but no displacement of any kind!

The committee will next attempt to estimate the claims of the speculum, as a means of diagnosis, in displacement of the uterus, the other class of cases, in which Dr. Lee says it is of no value. None of these displacements is clearly indicated by the symptoms alone, except retroversio uteri occurring in the pregnant state, in which the sudden and total suppression of urine, together with the severe sufferings of the patient, points plainly enough to its existence. But in the non-gravid state, neither retroversion, nor anteversion, nor prolapsus (the most common of all the displacements) is accompanied by such symptoms as throw any satisfactory light on the subject. To the touch, at least, an appeal must be made, and through it we may learn that the organ is displaced, and the manner of its displacement; but we cannot learn its pathological condition, a capital hiatus in the information we are in quest of, for the speculum has taught us the frequent, nay, the almost constant co-existence of inflammation or ulceration of the cervix uteri. So true is this, that the writer can conscientiously declare that, since he has used the speculum freely in his practice, he has seldom seen an instance of prolapsus or retroversio uteri, uncomplicated with inflammation or ulceration of the cer-

vix; and he is becoming more and more sceptical as to the existence of simple displacement of the uterus. His own view of the pathology of such cases is, that inflammation is the primary and essential disease, while the displacement is merely a sequence. Such is the doctrine advocated by Dr. James Henry Bennett, in his valuable practical work on "Inflammation of the Uterus," who attempts to explain the occurrence of prolapsus on the principle of the increased gravity of the uterus, acquired by inflammation. Dr. Meigs rejects the doctrine, and thinks he has most triumphantly refuted it by showing, as we think he has very conclusively, the insufficiency of the explanation. (*Females and their Diseases, p.* 137.)

But it does not seem to have occurred to Dr. Meigs that the doctrine may be true, while the explanation may be false. Grant the existence of inflammation of the cervix as the antecedent, and it may be that the irritation, established in the part and propagated to the neck of the bladder and to the rectum, will eventually cause prolapsus by the bearing-down efforts which it provokes, and this, we suspect, is the true etiology.

Be this as it may, and whether inflammation is the antecedent or the consequent of the prolapsus, the writer reaffirms, without the fear of successful contradiction, that inflammation or ulceration exists in nearly every case of displacement of the womb, and that it can be detected only by the speculum.

But Dr. Lee, as we have seen, not only renounces the speculum in the diagnosis, but also in the treatment of the whole class of diseases we have been considering. It is difficult to imagine the grounds of this renunciation. Can it be that the treatment of these diseases, by other means, has been so successful in his hands as to preclude the hope of improvement? If so, we sincerely congratulate him on his good fortune, in a field where all other practitioners, from time immemorial, have met with little else than discomfiture. For our own part, we are not ashamed to confess that, until we called the speculum to our aid, we were defeated on every hand or, at best, victory so seldom perched upon our standard, that we were bound to regard our success as fortuitous, rather than merited. We never cured a case of prolapsus by the pessary, or of long-standing leucorrhea, connected with in-

flammatory or ulcerative disease of the cervix, by constitutional treatment and the ordinary local appliances.

Such *fillibustering* may succeed in recent and trivial cases, but when the disease is more strongly intrenched, it can only be dislodged by a superior force operating directly and systematically upon it.

These uterine affections are essentially local in their nature: they owe their origin to local causes, and are most successfully treated by local remedies. But the remedies must be sufficiently potent to make an impression upon the disease. The sprinkling of an inflamed or ulcerated os uteri, with simple or medicated water, by means of a syringe (the only local remedies resorted to by the *fillibusters*,) cannot be more efficacious than such piddling ablutions upon other parts of the body. What would be thought of a surgeon who should attempt to cure an external chronic inflammation by squirting a little water or solution of lead or zinc upon it, two or three times a day?

The more potent remedies which are addressed to the affected part through the speculum are, chiefly, the local abstraction of blood by scarification or leeching, and superficial or deep cauterization, according to the circumstances of the case. It is not the design of the writer to enter into details on this part of the subject; he begs to refer the Society to practical works, particularly to Dr. Bennett's treatise, already alluded to. He will, nevertheless, submit a few annotations, suggested by his own experience in this branch of practice, which has been pretty extensive.

*First.* — Local depletion may be effected as well by scarification as by leeching, when the inflammatory congestion occupies the superficies of the os uteri, and ought to be preferred, because it may be done more expeditiously, and is far less revolting to the patient. When the inflammation is deep-seated, and there is little or no discoloration upon the surface, leeches should be employed, and half a dozen are commonly sufficient to procure as free bleeding as is desirable. Local blood letting is a valuable part of the treatment of these cases, and ought always to be premised, whenever there is any considerable degree of inflammation. It is a good preparation for cauterization, and may be advantageously re-

peated, in conjunction with cauterization, until the inflammatory congestion is subdued.

*Secondly.*—With the same view, cold mucilaginous injections—infusion of flaxseed or slippery elm—should be thrown into the vagina, by the patient, three times a day. But these will accomplish nothing unless a good syringe is provided, and the patient properly instructed in its use. The injections should be taken in a recumbent posture; the syringe ought to hold several ounces and have a pipe, with a bulbous end, long enough to reach the superior portion of the vagina.

*Thirdly.*—When the inflammation or ulceration is confined to the mucous membrane, with only slight enlargement and no induration of the cervix, cauterization with the nitrate of silver in substance, is the only application which will be found necessary in most cases. This ought not to be repeated too frequently—an error, which the writer has reason to believe, is committed by some,—not oftener than once a week. Six or eight of these hebdomidal cauterizations may suffice to cure the disease; but in some cases, a longer perseverance may be necessary, and in a few, the inflammation may prove altogether refractory. In such instances, the writer's practice is to cauterize once superficially with the potassa cum calce, and afterwards, with nitrate of silver as at first.

*Fourthly.*—Should the inflammation have extended to the proper tissue of the cervix, and resulted in induration, deep cauterization with the potassa cum calce will be indispensable to restore the part to its normal state, and heal any ulceration which may exist. It is quite useless to treat such a condition with the nitrate of silver: the ulceration will seldom be cured by it, and it can make no impression upon the deeper seated disease. The writer has practiced deep cauterization, in many cases; in several, he has used the actual cautery, and he has never known any serious accidents to follow. He is always careful, however, to apply the caustic through a tubular speculum, and to sponge off the part, so as to guard against any of the caustic remaining and spreading to the sound parts, after the withdrawal of the speculum. With this precaution, he considers it to be as safe to apply caustic to the cervix uteri as to the skin. Much obloquy has been cast upon the speculum, on account of alleged abuses of cau-

terization, and the writer doubts not that there is some foundation for it; for he can easily conceive that the careless or inexpert use of such a potent agent, may produce extensive inflammation and sloughing, followed by unnatural adhesions and contraction of the genital passage. But such consequences are attributable to the awkwardness or ignorance of the operator, and are no more chargeable to the speculum than is the transfixion of the vein in phlebotomy to the lancet. The writer can truly say that no such consequences have ever happened to him or need happen to any one, fit to be trusted with the speculum.

*Fifthly.*—Rest in a recumbent posture, more or less strictly guarded, according to the degree of inflammatory action that exists, is a material adjuvant in the treatment of these cases: and where this can not be enforced, the disease is greatly prolonged, and may prove altogether ungovernable.

Exercise or even the erect or semi-erect position tends, in a direct manner, to increase the uterine congestion and aggravate the sufferings of the patient. The writer cannot doubt, from what he has seen, that much mischief is often done by urging the patient to take exercise, under the fallacious idea that weakness is the sum total of her ailments, and that if she can only be strengthened by air and exercise, all will be well with her.

So strongly is the imagination of some physicians haunted with the bugbear, weakness, that they will persist in keeping the patient in motion, notwithstanding that every step is a dagger to her. When shall more rational views obtain currency in the profession? How long shall a mere effect engross the attention, while the cause is overlooked?

The writer was recently consulted in the case of a lady, who suffered greatly from pelvic pains after her second confinement, increased by exercise or the erect position. She had hemorrhagic discharges from the uterus for several weeks after parturition, with almost daily febrile excitement, intense thirst, loss of appetite, and general debility. The debility, unfortunately, absorbed the attention of her medical attendant, and to remedy this, exercise in a carriage was commenced on the eleventh day after her accouchment, and presisted in daily, in spite of her remon-

strances, extorted by the increase of her suffering, and finally, she was sent away on an excursion in pursuit of the *ignis fatuus*, "strength." When she returned home, a specular examination was made, and a high degree of inflammatory engorgement of the uterine neck and upper portion of the vagina, with ulceration around the os, was discovered, which had existed doubtless since her delivery.

*Sixthly*—Although the local treatment is paramount to every thing else, the state of the general system must not be overlooked or neglected. If constitutional irritation exist it must be subdued by appropriate remedies, or if any of the functions are sympathetically deranged, they must be restored to a healthy condition by suitable treatment. In recent cases, some degree of febrile excitement not unfrequently exists, and to allay this, it may be proper to put the patient upon an abstemious regimen, to purge actively every day or every other day, and if there be hardness as well as acceleration of the pulse, general blood-letting may be necessary.

Dr. Dewees was well aware, though he had not the ocular proof, of the existence of uterine and vaginal inflammation, in many instances of leucorrhea, which is only another name for the disease we have been considering, and the success of his treatment was doubtless attributable to the bleeding and purging he prescribed, rather than to cantharides, which he regarded as a kind of specific. This is fairly to be inferred, from the fact that none of his cotemporaries or successors have been as fortunate in the use of cantharides as himself, which can be accounted for only by supposing that they have relied principally upon the specific, to which the multitude are always prone, to the neglect of due attention to the state of the system. It is not intended to be asserted that cantharides is devoid of all remedial virtues in these cases. By its action upon a contiguous and associated viscus, it may exert some beneficial influence upon the genital organs; nevertheless we are persuaded that the antiphlogistics, so vigorously employed by Dr. Dewees, had a larger share in extinguishing the disease than had the cantharides, pushed ever so often *usque ad strangluriam*.

In more protracted cases, the general state is characterized by veritable debility, a languid circulation, coldness of the extremities and impaired digestion and assimilation,

Under such circumstances, it will be proper to administer tonics, especially some of the preparations of iron, and to regulate the secretions and excretions by the use of alteratives and purgatives The selection of these will be governed by the indications of each particular case. As to purgatives it is necessary to observe that only such of them are admissible as may be required to procure one full alvine evacuation daily, to effect which, a pill or two of rhubarb and extract of colocynth, or of rhubarb, aloes and soap, may be taken every night.

Mercury, iodine, arsenic and antimony are among the most powerful alteratives, and the indications for the use of remedies of this class may be fulfilled by the various preparations and combinations of these agents.

As to sarsaparilla, which is so often prescribed, we do not know that we have ever obtained any good from it, even when furnished by the regular apothecary; while sure we are, that the quackish preparations of it, which find their way by the hogshead into the stomachs of our nostrum-loving population, are utterly worthless.

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*An Account of the last Illness of the late Honorable Daniel Webster, Secretary of State: with a Description of the Post-mortem Appearances, &c.* By John Jeffries, M. D *—Mr. Webster was of a sanguineo-bilious temperament, of a swarthy complexion, with straight black hair, with a large, athletic, and well-proportioned frame. He was five feet ten inches in height, and when in health weighed one hundred and ninety pounds. His appearance was peculiarly imposing, and the expression of his features, more particularly of his eye, was, perhaps, more powerful than that of any other man. He was nearly seventy-one years of age at the time of his death.

Mr. Webster, although endowed with an iron constitution, had been subject *for the past eighteen or twenty years to an habitual diarrhœa*, which, commencing as an occasional looseness, had gradually increased upon him until

* The author is indebted to Dr. S. Parkman, for the arrangement of this paper from the notes read before the Suffolk District Medical Society.

for the last three years it was persistent; for this, he was accustomed, latterly, to use opiates generally in the form of a "cholera medicine," which appeared to be composed of sulphate of morphia and the compound spirits of sulphuric ether.

For about the same number of years he had been annually subject to a somewhat severe form of catarrh, commencing from the 6th to the 16th of August, and continuing until about the 1st of October. The only exception to the occurrence of this was in 1839, when he was in Europe. He was sometimes confined by this for a short period, but usually continued his exercise and duties abroad. In the early years of this complaint, he did but little for it; but, latterly, he had adopted energetic treatment under medical advice, in the hope of preventing the annual visitation.

In August, 1851, while at Franklin, N. H., whither he had gone for retirement, hoping, by a change of climate to escape his annual catarrh, he was attacked, after exposure to the damp ground, with gout in his feet, mostly in the great toes, he was so far relieved of this, however, as to take a journey to the White Mountains; but, on his return to Franklin, the gout returned in a more severe and general form.

On the 9th of September, he came to Boston and placed himself under the writer's care. At this time, his complexion was sallow, and he had lost considerable flesh; his eyes were red, and his countenance indicative of great uneasiness; his pulse was full, quick, and firm; his nights were distressing and restless; there was constant thirst; the bowels were irritable, and, although without appetite, he was taking food without restraint, and, by advice, using stimulating drinks freely. He was also taking iodide of iron with hydriodate of potass and minute doses of oxide of arsenic as a preventive of the catarrh. He had also used some remedies for the gout, and frequently resorted to opiates for his diarrhœa. With some difficulty he was induced to relinquish all these medicines, to restrict himself to the simplest food, and to retire to Marshfield for recreation and exercise. In September, he returned to Washington, expressing himself as being "perfectly well," having implicitly followed the directions given. During the winter of 1851 and 1852, he transacted

a vast amount of business at the seat of government; being, however, frequently under medical treatment for his diarrhœa. He failed in flesh and strength towards the spring; and, in the latter part of April, went to Marshfield in hopes of recruiting.

On the 6th of May, 1852, he was thrown from his wagon, falling forward upon his hands, and striking his head with much force upon the ground. He was for some time insensible, but soon recovered perfect consciousness. On the 20th he came to Boston, and was visited by Dr. J. Mason Warren in consultation. He was found to have injured the joints of both wrists, the left more severely, without any apparent displacement or fracture; there was considerable swelling and great ecchymosis of the whole forearm, with frequent severe paroxysms of pain through the joint; there was also a slight flesh wound near the right temple. He made no complaint of uneasiness in the head. On the 24th May, he addressd his fellow citizens in Faneuil Hall, being then suffering under great general debility. In July at the time of his public reception at Boston he was suffering more than usual from his diarrhea, and was under medical treatment to enable him to go through the fatigues of that occasion.

On his return from Washington to Marshfield, in September, he took cold in Baltimore, and first complained of the sypmtoms connected with his final illness. On the 20th of September, he drove from Marshfield to Boston, a distance of thirty miles for Medical advice.

It was then observed that he had lost much flesh, which gave to his large eye a somewhat unnatural prominence. His face was pale with a peculiar sallowness; but there was no jaundice at this or any other time. He rose from the recumbent posture slowly and with some apparent difficulty, and he had the aspect of a very sick man. He stated that he had been more than usually unwell for a week or more; he complained of uneasiness on the left side of the abdomen, with consequent difficulty of lying on that side; there was also sometimes a sense of tightness across the lower part of the abdomen. The bowels were still loose, but not quite so irritable; the appetite was wholly gone; the skin was commonly very dry, and there was a constant dryness of the tongue and fauces, with much thirst. The tongue was covered with a light brown coat; the pulse was 106, quite full, but easily com-

pressed, somewhat jer ing, with four intermissions in a minute. The urine was scanty, high-coloured, and very turbid after standing, not coagulating by heat. The abdomen was much distended and resonant from flatus at almost every part, but particularly at the arch of the colon; there was flatness in the hypograstric and iliac regions, and signs of dropsical effusion were thought to be perceived. The edge of the liver, more distinctly felt than at any subsequent period, was firmer than natural, but without tenderness on pressure. Neither was there soreness at any part of the abdomen. The feet and legs were œdematous, considerably so about the ankles. There was some soreness of the soles, especially under the ball of the great toe. There was a similar soreness in the left thumb and wrist which had been most injured by the accident. He had also flying pains about his lower limbs and body, described as similar to those previously experienced from the gout. The usual course of action of the bowels was a dejection at five or six P. M.; another at nine, and a third at from two to four A. M.; these, especially the last, were urgent, loose, and with much flatus. After the morning dejection, he took a portion of his usual "cholera medicine," which gave him relief.

He returned to Marshfield the next day, the 21st, with the following directions: To abstain from all mental labour, and to avoid fatigue in bodily exercise. The diet to be tea with bread and butter, morning and evening, and a little animal food at dinner, with one vegetable.

To take two drachms of castor-oil, and an equal quantity of lemon-juice, every second or third day, if troubled by distension, or if the bowels did not act kindly. To take a cardiac mixture twice daily, and a pill of one grain of acetous extract of colchicum with two grains of camphor each night.

To have the abdomen gently rubbed, and a hot alkaline bath applied night and morning; the feet and legs, after being smeared with olive oil, to be rubbed with warm spirit twice daily.

On the 28th, 29th, and 30th, he was visited at Marshfield, and was found with much the same symptoms, except that the abdomen was more tense and flat, and hereat was well-marked fluctuation, with some soreness of the left side, for which five leeches were applied with relief. The urine was a little less scanty and turbid. He had

continued to come down stairs, and one day had driven for four hours with visitors; but this had increased the difficulty of the bowels, and much fatigued him. He had had a little headache in the latter part of each afternoon; and he also spoke of a feeling of sinking and exhaustation, which came on about two o'clock each day.

On leaving him on the 30th, he was advised to substitute one-sixteenth of a grain of morphia for the "cholera medicine;" to have the abdomen embrocated with spirits of turpentine, diluted with common spirit; to take a pill of four grs. compound extract of colocynth, if the bowels required more action; to have eight or ten leeches applied to the right hypochondrium, if the bowels were more uneasy, and to take two teaspoonsful of brandy, with water, at 2 P. M., each day, if he felt exhausted

During the writer's absence, he was attended by Dr. John Porter, of Marshfield, from whom frequent reports of his condition were received.

On the 6th of October, he was visited in consultation with Dr. James Jackson, of Boston. The symptoms continued much the same. Mr. Webster was about the house, though he had not been out. The opinion was expressed and concurred in, that there was ascites, dependent upon grave disease of some abdominal organ, which would ultimately prove fatal; although some relief might be obtained.

It was decided to substitute a mild tonic for the cardic mixture; to give one grain of scullet gland morning, to be increased if the stomach could bear it; to continue the morphia; and to double the amount of brandy; encouraging him also to take a little animal food.

The symptoms continued much the same until the morning of the 11th, when, on coming down stairs for a drive, he became faint, with nausea and retching, vomiting a little mucus. Visited at seven P. M., he complained of extreme distress at the præcordia, for which he was urgent to have relief; the nausea had subsided. A teaspoonful of castor oil, with one-sixteenth of a grain of morphia, was directed by which the pain was relieved, and an evacuation obtained about 2 A. M., consisting of much fecal matter, with very dark bile and gelatinous mucus. All medicines but morphia were omitted; castor-oil being directed to be used if the præcordial distress should return.

An annoying symptom, consisting of pains about the feet, of which he had previously complained, was noticed to increase in severity from this time. He continued tolerably comfortable, and able to come down stairs every day; and sometimes to transact considerable business. He was feeble and emaciated, but his spirits were buoyant. Throughout his sickness it was noticed that he did not bend his body forward in rising, but was raised with the body erect; and more than once upon being assisted to walk, he had said that he felt as if he should fall forwards.

On the 19th, there was a manifest falling off; he had several copious dejections, which were thought to contain some blood, and he had lost also two turns of retching; by these he was much enfeebled.

On the 21st at 5 A. M., the dejection consisted of a large quantity of feca. matter, with much bilious and bloody fluid. At 7 A. M. he had another similar dejection, with bilious vomiting. Nausea and retching now became prominent symptoms, and he became more and more feeble, until at 5 P. M., on the 22d, he vomited about a pint of fluid blood with some coagula. During the night the vomiting became more urgent, always with blood; and at 2½ A. M. he had a copious ejection of fluid blood. By all this he was much exhausted. The vomiting of blood continued very profusely; and whenever he attempted to speak, he was interrupted by hiccough or retching.

On the morning of the 23d he announced himself conscious of his situation, and said, "I shall die to-night." From 9 until 1½ P. M. he remained free from vomiting. He was at this time visited by Dr. James Jackson, who had frequently been consulted during the progress of the disease. The vomiting of blood recurred during the afternoon. Dr. J. Mason Warren arrived towards night, and remained until the patient's death. Mr. Webster continued thus gradually sinking from the loss of blood by vomiting, retaining the power of utterance, until midnight, and some evidence of consciousness until 1, A. M., and sinking gradually, without convulsion, cold sweat, or haze of the eye, expired at thirty-five minutes past two, on the morning of Sunday, October 24.

For the last two days he was supported by such stimulants as he could bear, and was quieted by opiates when required.

The autopsy was made by Dr. J. B. S. Jackson, who furnishes the following report:

*Autopsy* thirty two hours after death; present Drs. Jeffries, Porter, J. Mason Warren, Wyman, Parkman, and Jackson.

The emaciation was very marked, as shown by the state of the integuments and muscles; the latter being wasted, pale and flabby.

*Abdomen.*—The peritoneal cavity contained eleven pints of serum. There were also old and strong adhesions about the spleen, the gall-bladder, the cæcum, and to a small extent between the left extremities of the arch of the colon and the parietes of the abdomen.

The stomach was distended, and contained half a pint of very dark blood, about one half of which was in a state of soft coagulum; and this was the only appearance that was found of coagulum in any part of the body. The mucous membrane was deeply stained by the contents, generally rather soft, and in the pyloric portion somewhat mamellonated. The intestines were opened throughout, washed, and fully examined with reference to the diarrhœa that had so long existed. Blood was found throughout in very considerable quantity as far as the descending colon, below which there was no trace of it; in the large intestine it was altered as usual in color. Mucous membrane stained by the contents so far as blood extended. In the large intestine were numerous herniæ of the mucous membrane, so common in this situation; from many of these small masses of feces or of mucus could be forced out, and these were the only traces of feces that were found. Otherwise, the mucous membrane of the intestines appeared quite healthy; there being nowhere any ulceration to explain the diarrhœa, nor ecchymosis connected with the hemhorrhage.

The liver was, throughout, very markedly granulated; dense, and contracted in size; the color externally was greenish or bronzed, but internally everywhere of a pale red; showing, as we may not very unfrequently observe, the inappropriateness of the term "cirrhosis," which would generally have been applied to the present case. Weight of the organ, three pounds and one-third, avoirdupois. Bile, in the gall-bladder, and of a tarry consistence.

Spleen small, pale and shrivelled. Investing membrane to some extent opaque, white, thickened, and condensed; this change being probably due to the old peritoneal affection.

Kidneys and pelvic organs healthy.

*Thorax.*—Old pleural adhesions over nearly the whole of the right side; none on the left. Lower lobe of the left lung and the two lower lobes of the right much congested, and very dark; a change that undoubtedly occurred toward the close of life, being simply passive.

Heart flaccid; very little blood in cavities, and this was quite liquid. Slight disease of aortal valves, but organ otherwise healthy. Foramen ovale; a small valvular opening existed. Aorta not ossified, except to a small extent in the abdomen.

*Head.*—The membranes of the brain were most remarkably diseased. In the cavity of the arachnoid was a layer of fibrine which covered almost entirely and about equally the convexity of both hemispheres; it did not extend, however, beneath nor between them, nor about the cerebellum. In the recent state, it had a rather dull, yellowish, infiltrated, œdematous appearance; being one-fourth of an inch in thickness over the upper surface, but becoming gradually more thin on the sides, where it terminated in a thin edge. The adhesion to the dūra mater was in some parts quite close; but it was generally very readily stripped off, and left the arachnoid with its usual polish. It was more adherent to the subjacent membrane; this last being irregular, and having generally a clouded and slightly opaque appearance, with many milk-white spots, but without any appreciable thickening. The quantity of serous effusion into the membranes was altogether large. The subarachnoid tissue corresponding to the layer of fibrine above described was infiltrated with a straw colored serum in some places, separating the convolutions from each other; this separation was quite remarkable at the posterior part of the right cerebral hemisphere, on its upper surface and near the meridian line, there being also a slight depression at this part. The dura mater adhered firmly to the calvaria, but was healthy in structure, as were the membranes otherwise; there was, however, a serous infiltration into each plexus choroides; though no more, if not less, than usual into

the lateral ventricles. No appearance of recent meningitis; and no effused blood or cysts in or about the false membrane. The brain itself was perfectly healthy; and the arteries at the base very nearly so. Cranium healthy. Over the right frontal region a scar existed, the result of the injury that occurred last May; integuments not otherwise remarkable.

A portion of the fibrine from the arachnoid cavity having been removed for microscopical examination, it was found, some hours afterwards, and when the serum with which it had been infiltrated was absorbed, to have almost the consistence of one of the natural tissues of the body; being strong enough to bear considerable traction; it also appeared then to have somewhat of a laminated structure, and bloodvessels were distinctly seen in it even with the naked eye. Dr. Wyman found it "organized, and, in some places vascular. Under the microscope, the lymph was resolved into minute fibres, like those forming the white fibrous element of areolar tissue, and including in their meshes large numbers of minute granules."

Recapitulating the points of interest in this case, it will be observed that the immediate cause of death was hemorrhage from the stomach and bowels. For this, no source could be found in the lesion of any vessel; it must therefore be regarded as a simple exhalation dependent upon a disorganization of this fluid, indicated, moreover, by the almost entire absence of coagulation. The relation of this hemorrhage to the disease of the liver will also be noted as coinciding with previous experience; it being well known that, in certain cases where there is an altered action of this organ, there is a tendency to disorganization of the blood, manifesting itself thus in hemorrhage.

The morbid appearances observed in the cerebral membranes possess, also, very great interest in several aspects. It will be unnecessary to dwell upon the particular appearances carefully described above. A very full and clear description of these interesting forms of extravasation has been published by Mr. Prescott Hewitt, in the twenty-eighth vol. *Medico-Chirurgical Transactions of London*, and the appearances, in this case, coincide with those there described. Grisolle (*Pathologie Interne*, vol. i.) has also well described this affection, after the original descriptions of Serres, Baillarger, Boudet, and Prus, who

were the first to call attention to this particular lesion The case of Mr. Webster may be regarded as unique however, in this respect, that no impairment of the power of the nervous system was observed before death; for although a few symptoms, such as his mode of locomotion, his sense of falling, and a slight hesitation of his speech, may now be remembered and connected with this condition, it will be sufficient to prove the entire absence of any suspicions of the kind during life, to state that the brain would not have been examined at the autopsy, except for the desire of making the measurements, &c., recorded below. The connection of this meningeal hemorrhage with the cirrhus of the liver will also give rise to interesting speculation; for although it is quite probable that the origin of the effusion should be ascribed to the accident in May, still, it is not unlikely to be remotely dependent upon the disorganization of the blood consequent upon the disease of the liver, since among Mr. Hewitt's cases there are some recorded where an effusion quite equal to this took place in connection with a cirrhus without any injury at all. It is possible, moreover, that the accident may not have been the cause of the effusion, which may have taken place since that time; but, in the presence of what would appear adequate cause, it will be unnecessary to look beyond.

In the treatment of the disease, attention was particularly directed to the duodenal obstruction, relief from which was obtained by the laxatives occasionally administered, and these, with opiates, were almost the only important medical agents.

The following very interesting account of the cranial cavity and brain is furnished by Dr Jeffries Wyman:

The dimensions of the brain, as indicated by the measurements of the cranial cavity,* were as follows:

| | | | | |
|---|---|---|---|---|
| Longitudinal diameter, | : | : | $7\frac{7}{8}$ | inches. |
| Transverse " | : | : | $5\frac{3}{4}$ | " |
| Vertical " | : | : | $5\frac{1}{2}$ | " |
| Breadth of occipital fossa, | : | : | $4\frac{3}{4}$ | " |
| " frontal " | : | : | 5 | " |

* In consequence of its flaccidity, the natural diameters of cerebral substance are no longer preserved after the brain is removed from the cranial cavity; its diameters are, therefore, more correctly measured by determining those of the cavity which it filled.

The posterior clinoid processes were seven-eights of an inch in front of the centre of the cranial cavity.

The circumference of the head was 23¾ inches, and the distance from the meatus of one ear to that of the other, over the top of the head, was 15 inches.

The capacity of the cranium, determined according to the method adopted by the late Dr. S. G. Morton, of Philadelphia, was 122 (one hundred and twenty-two) cubic inches.

The substance of the brain was firm to the touch, and, as regards color and consistence, appeared to be healthy. The depth of the spaces between the convolutions was, on the vertex seven-eights of an inch, and the "cortical" or gray substance was three-sixteenths of an inch in thickness.

The corpus callosum, or the great cerebral commissure, was large, measured four inches in length from before backwards, and at the central portion was one-fourth of an inch in thickness.

The pineal body, as in the great majority of instances, contained calcareous concretions.

The weight of the brain, including the cerebrum, cerebellum, and medulla oblongata, as far as the lower extremity of the pyramids was (in avoirdupois):

| | Lbs. | Oz. | Drachms. | Grs. | Grains. |
|---|---|---|---|---|---|
| Brain (encephalon)* | 3 | 5 | 8 | 17.75 | =23,424.0 |
| Cerebrum : : | 2 | 14 | 7 | 14.09 | =20,330.5 |

The measurements which have been given above, are almost without exception of unusual proportions. The average length of the cranial cavity does not exceed six and a half inches; its transverse diameter is five inches, and the vertical a little less.†

The cranial capacity was very unusual, the largest which has yet been recorded, though measurements in

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* In Troy weight the result was as follows:

| | Pounds. | Ounces. | Pennyweights |
|---|---|---|---|
| Brain, : : : : | 4 | 0 | 16 |
| Cerebrum, : : : : | 3 | 6 | 6 |

† Dr. Morton gives the average diameters for European and Anglo-American skulls as follows: Longitudinal, 6½; transverse, 5½; and vertical, 5 inches. These measurements, however, are external, and include the thickness of the scull and would, therefore, be too large, by

cubic inches have, as yet, been made by comparatively few observers. In Dr. Morton's Tables of the measurements of 623 crania of different nations, including Caucasians, Mongolians, Malays, Americans, and Negroes, only four instances occur in which the capacity exceeded one hundred cubic inches; of these, the largest were one English scull, measuring 105, and one German 114 cubic inches. According to Dr. Morton, the average capacity for the Teutonic family (including English, Germans, and Anglo-Americans) is 92 inches.*

The two superficial measurements of the head were very nearly those of Cuvier, the circumference of whose head was 22 inches 4 lines (French), and the measurement from ear to ear over the top was 15 inches. The circumference of Napoleon's head is reported to have been 23 inches.

The weight of the brain deviated much less from the average than the measurements; it was entirely out of proportion to the unusual dimensions of the cranial cavity. The average weight of an adult healthy male brain is 49½ ounces, or 3 pounds 1½ ounces avoirdupois.† As has been already stated, there existed an effusion of serum into the subarachnoid areolar tissue, and of serum and lymph into

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the thickness of the cranial walls, to represent the size of the brain. *Human Anatomy*, p. 70: Philadelphia, 1849.

Cruveilhier, following Bichat, makes them somewhat less than those given in the text; his mode of measurement, however, does not give the greatest dimensions of the cranial cavity. See his *Traite d' Anat. de l'Homme*, t. i. p. 140. Paris, 1843.

* Catalogue of Skulls of Man and the Inferior Animals in the collection of Samuel George Morton, M. D., Philadelphia, 1849. See Comparative Table on page viii., and Specimen No. 434.

Dr. J. B. S. Jackson, in the Descriptive Catalogue of the Anatomical Museum of the Boston Society for Medical Improvement, has given the measurements of thirty sculls of different nations, the largest of which, a Theban and a Negro, were 95 inches each. Of ten Hindoo skulls, measured by Dr. S. Kneeland, Jr., the largest, that of a Rajah, contains 92 inches. Proceedings of Boston Soc. Nat. Hist., vol. iii., p. 213.

† This is the result of observations on two hundred and seventy-eigh adult healthy male brains. See Sharpey's Quain's Anatomy, Dr. Leidy's edition, vol. ii. p. 186. This determination is based on the combined observations of Reid, Sims, Tiedemann, and Clendinning, which are all reduced to avoirdupois weights.

the arachnoid cavity. The lymph had existed a long time, it covered the convex surface of the cerebral lobes, was a quarter of an inch in its thickest portion, and extended to the sides, where it became quite thin. Both serum and lymph, there can be no doubt, encroached upon and occupied the space once filled with cerebral substance. The weight given above, therefore, cannot be regarded as being equal to the weight of the brain in a state of health. This last we now have no means of determining except by an approximation, which has been made in the following manner, in accordance with a suggestion by Professor Treadwell, of Cambridge:

The specific gravity of the brain is, according to Cruveilhier and others, 1030, water being 1000. A cubic inch of water weighs 252.5 grains, and 122 cubic inches (the cranial capacity), would equal 30,805 grains, to which must be added 3 per cent., or 924 grains (the excess of specific weight of brain over water), which gives 31,829 grains as the full capacity of the cranial cavity in weight for cerebral substance. The brain, however does not actually fill the whole cavity; a correction must, therefore, be made for the spaces occupied by the tentorium, falx, sinuses, the dura mater of the calvaria, and the cephalo-spinal fluid at the base of the brain. If we deduct eight ounces for such spaces, we shall have an actual weight of 28,329 grains; or, if nine ounces are deducted, 27,891 grains. Taking the last approximation as the one the least liable to error of excess, Mr. Webster's brain will be found to rank among those whose brains are generally cited as instances of remarkable size, as follows:

| | Lbs. | Ozs. | Drs. | Grs. | Grs. | Ozs. |
|---|---|---|---|---|---|---|
| Cuvier* | 4 | 0 | 5 | 10 | = 28,147 | = 64½ |
| Webster | 3 | 15 | 12 | 0 | = 27,891 | = 63¾ |

* In the official report of Cuvier's *post-mortem* examination, the weight of the brain is given as 3 livres, 11 ounces, 4.5 gros, poids de marc, or old French weight; this, reduced to avoirdupois, gives the weight in the above table, It has, however, been differently stated by physiological writers. Tiedemann reports it as 3 lbs.,11 ozs., 4 drs., 40 grs., avoirdupois. (Memoir on the Brain of the Negro., Philos. Trans. 1836, p. 502.) This erroneous computation has been often repeated; and is the one given in the Cyclop. Anat. and Physiology, Art. Nervous System, p. 664, and in other works. It is correctly stated in Sharpey's Quain's Anatomy.

| | Lbs. | Ozs. | Drs. | Grs. | Grs. | Ozs. |
|---|---|---|---|---|---|---|
| Abercrombie* | 3 | 15 | 0 | 0 = | 27,562 = | 63 |
| Spurzheim† | 3 | 7 | 1 | 0 = | 24,089 = | $55\frac{1}{16}$ |
| Dupuytren‡ | 3 | 1 | 10 | 27 = | 21,738 = | $49\frac{11}{16}$ |

The brains, the weights of which (in avoirdupois) are included in this table, are not the only ones on record remarkable for size. In the table of Dr. Sharpey, already quoted, there are enumerated as weighing between 55 and 59 ounces, avoirdupois, inclusive, 28 brains; and between 60 and 65 ounces, 7.§ Nothing is said of the individuals from whom they were taken; of the two largest, one weighed 63 and the other 65 ounces; it is not improbable that these were the brains of Abercrombie and Cuvier; 63 ounces being precisely the weight of the former. In making out the table, all instances with fractional parts were classed with the next integral number; and, as Cuvier's brain weighed over 64 ounces, it would rank as 65 ounces. If this be not the explanation, then there is on record a larger healthy brain than that of Cuvier.

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* Quoted from Sharpey's Quain's Anat., vol. ii., p. 187.

† Anatomical Report on the Skull of Spurzheim, read April 2, 1835, before the Phrenological Society of Boston, by N. B. Shurtleff, M. D. Annals of Phrenology, vol. ii., p. 72: Boston, 1835.

‡ Dupuytren's brain was really not remarkable for size, being only two drachms above average; it is generally erroneously reported at 4 lbs. 10 ozs. Troy. An official report, signed by Broussais, Cruveilhier, dusson, and Bouillaud, which may be found in *Revue Medicale*, 1835, states it to have weighed only 2 livres, 14 ounces, poids de marc. This, reduced to avoirdupois, is equal to the amount given in the table.

§ In estimating brains by weight, it must be borne in mind that quantity, and not quality, is considered; the anatomist has no means of determining quality. The head of Byron may be cited as an instance where small size was associated with great activity. Lord Napier informs us, that of fourteen persons who dined with him on one occasion, not one could wear Byron's hat. Napier's servant, who had the smallest head in the 90th Regiment, so small that he required to have his caps made expressly for him, tried on Byron's hat, and found that it just fitted him. See Moore's Life of Byron. In Dr. Bruno's report of the autopsy of Byron, his brain is said to have weighed "six pounds (*mediche*)." See Count Gamba's Narrative of Byron's last Journey to Greece, p. 271, London, 1825. This must be an error, if the pounds are those of apothecaries' weight. The above anecdote shows that his head was not large. Thorwalsden's bust does not give it unusual elevation; and Moore states that it was "disproportionably small." His habit of shaving off his hair gave it an appearance of elevation.

*The Autobiography of Berzelius.*—After the death of this great Swedish chemist, it was found that he had left behind him a copious and highly interesting biography, for the publication of which we have long and anxiously waited. It appears, however, that the autobiography contains so many personal allusions, and so many unsparing criticisms of living or recently deceased scientific men, that the executors are not only afraid of publishing, but are actually prevented from doing so by the laws of Sweden, which forbid the printing of works dealing in personalities, until several years after the death of their authors. From the known dislike of Berzelius to Sir Humphrey Davy, and to the recently deceased Dr. Thos. Thomson, it is supposed that these eminent chemists figure largely in the suppressed work. We feel sure that the surviving relatives of these distinguished men would prefer the opportunity of answering such criticism themselves, rather than leave the task to a future generation. We trust that the obstacles which prevent the appearance of this—as we are told—remarkable work, may be overcome, and that speedily.—*London Lancet.*

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*Substitute for Mercury in Syphilis.*—M. Robin lately brought before the Academy of Medicine of Paris, ten cases treated by M. Vicenti, which would prove the efficacy of bichromate of potash as an anti-syphilitic agent. Fom the facts, of which M. Robin gave a detailed account, he draws the following conclusions: 1. Bichromate of potash is now ascertained to be an anti-syphilitic agent. 2. The salt being very soluble, acts without loss in extremely small doses, the treatment being therefore shorter than when mercury is used. 3. Bichromate of potash does not in general produce salivation. 4. The only disadvantages hitherto noticed are nausea and vomiting when the salt is taken fasting; but these unpleasant effects do not take place when the medicine is administered a little time after the digestion of a meal, and especially when it is associated with opium. 5. It is of much use in neuralgia, and though it may produce asthenic effects, it is by no means deleterious. 6. Its exciting properties may render it useful in indolent ulcers, in more or less strong solu-

tions; as also in syphilitic sore throat, in the form of gargle. 7. As the ten patients who have taken the bichromate have not experienced the least unpleasant symptom, even by using very large doses for a protracted period, the new anti-syphilitic agent is now proved to be of greater value than the salts of mercury, which latter may become reduced in the economy, whilst the bichromate is irreducible under the same circumstances, and is so soluble as to be easily eliminated. Two of the above mentioned cases were treated in 1850 and 1851, and no kind of relapse has been noticed.—*Lancet.*

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"You should never touch your eye but with your elbow."—Old Proverb.

*The Preservation of the Eyes.*—There is a tradition at least as old as the Talmud, that the eyes are strengthened by drawing the fingers across the eyelids in a horizontal direction. Ex-President Adams, who was affected with an obstruction of the tear-passage, used this method to get rid of the accumulated fluid, and the ancient practice was brought into greater notice by the example of the illustrious statesman. The obsolete theory, that the anterior surface of the eye-ball becomes flattened as age advances, was again revived, and it became a business to advertise instructions for kneading the organ into shape with the fingers! For the very moderate sum of ten dollars, the tell-tale spectacles might be laid aside, and ancient ladies and gentlemen be enabled to sew and read with all the sharpness of a miss in her teens. If we may credit the advertisements in newspapers, and who dare disbelieve them, the ten-dollar professor met with marvellous success; yet an improvement was made in the manner of increasing the rotundity of the eye by placing over it a wooden cup attached to an india rubber bottle, similar to the ordinary breast pump! On the appearance of the new method of altering the shape of the eye, the fee was diminished, when the original candidate for public favor offered his services for half price. In the hands of a good juggler, experiments with cups and balls seem almost miraculous, and it is not surprising that new arrangements may produce new wonders. The machine described by Captain Marryatt, for altering the disposition

of an individual by placing exhausters on the protuberances of the skull, has not yet been turned to practical advantage. Some self-styled professor will, it is presumed, shortly take the matter in hand, and advertise instructions by which an easy change of temper may be effected.

It cannot be expected that operations founded on a false theory can be safe in practice. It is untrue that the outer surface of the eye becomes flatter with advancing age, and therefore manipulations to restore what is not wanting, in an organ so delicate in structure that a rude push may be followed by perpetual darkness, should be avoided. The principal lens of the eye is situated behind the pupil, and kept in proper position by membranes finer than the finest gold-beater's skin. These delicate membranes are liable to be ruptured by blows, falls, or other causes, and the lens, which is naturally clear as crystal, becomes white and opaque. Opacity of the lens, or what is called cataract, may be produced without laceration of the membranes, by merely interfering with the circulation of the vessels which supply it. The writer was lately called to visit an aged female who had been suffering acutely for months, after submitting, while in health, to the manipulations of a rejuvenating itinerant. The lens was dislocated and pressed on the sensitive nerve at the margin of the pupil. The pain occasioned by pressure of this kind may be compared to that produced by pressing the exposed nerve of a tooth with a tooth-pick, but in the former case the pain is continuous and not so easily removed as in the latter. Other cases of injury attributed to manipulation, such as cross eyes, double vision, &c., have come under the writer's notice. Last month, in presence of the editor, he operated for cataract in the case of a lady, whose vision with the aid of spectacles was perfect until she was induced by plausible advertisements to pay for a course of lessons. After the third lesson, vision became indistinct, and blindness ultimately followed. Beer was called to examine a gentleman who had always enjoyed excellent sight until it was lost in a moment: The patient had been at a party of friends, when a person stepped suddenly behind him, and covering both eyes with his hands, wished him to guess who it was. The former, without speaking a word, endeavored to escape from the pressure, and when the eyelids were opened he was entirely bereft of sight.

Although there was not the least appearance of injury, the sufferer remained hopelessly blind. From this melancholy example, Beer concludes that the eyes are liable to injury even from moderate pressure.

This delicate organization may be deranged even by medicines. Dr. Currier relates that owing to the spasm produced by strychnia and veratria, the capsule has been lacerated, and the lens dislocated. Others have noticed the occurrence of cataract from the operation of medicines. It has been known to follow what is called the aconitine trick.

The chronometer of a mariner is inclosed in a case, and this is again packed in a box, by which it may be further protected from concussion. Should he who depends on this instrument for ascertaining the longitude, unnecessarily interfere with the delicate springs regulating its movements, he will, it is probable, be mistaken in his reckoning, or more probably still, the works will be so deranged that he will be deprived of its services altogether. Although capable, with fair play, of remarkable endurance, the eye is finer than the finest chronometer. It is protected above by the eyebrow; below by the cheek; on one side by the nose, and on the other by the temple. The hairs of the eyebrow are so arranged that water falling on the upper portion of the head is directed away from the eye in the most careful manner. When there are such extraordinary pains for its preservation, there should be some hesitation before unnecessary or injudicious interference with an organ of such inestimable value.

There is a popular notion, sanctioned even by medical men who ought to know better, that the eyes are preserved by opening them every morning in a basin of cold water. Some of the worst cases of pterygium, or film on the surface of the eye, have been witnessed in those who boasted of this practice. When a drop of water gets into the windpipe, the nostril, or the ear, irritation is produced, and when the eyes are opened under water the sensation is anything but agreeable. The eye is lubricated by a secretion admirably adapted to facilitate the motion of the lid over its surface; and as this secretion is partially soluble in water, it is as inconsistent with common sense to wash it away as it is to remove the oil from the wheels of machinery. It is unquestionably important that the cleanliness of the organ be maintained; yet this may be

accomplished in the usual manner, without opening the lubricating surfaces. When the secretion is vitiated by cold or other causes, quince-seed tea or milk and water are preferable for ablution to water alone. Avoid eye-waters, many of which contain lead, or there are ten chances to one they will produce an incurable film. To make this clear, dissolve a little sugar of lead in water and pour the transparent solution in a wine glass containing a watery solution of common salt. When the fluids are mixed, a white precipitate of chloride of lead falls to the bottom of the glass. When the eye-waters containing lead are permitted to pass to the surface of the eye, the tears furnish common salt, and the lead is precipitated. The transparent portion of the eyes is sometimes extensively tattooed with this white leaden powder, and vision becomes indistinct or even destroyed.

When the general health is robust it is astonishing what an amount of labor the organs of vision will endure; yet when it is depressed, especially by mental disturbance during a periodical function, they are easily deranged by too close application to business. When they have become weak, much for their preservation depends on the proper management of the light to which they are exposed. When the light is in excess, it should be diminished, and when it is deficient, labor should be discontinued. The light blue of the sky and the verdure of the fields are the colors to which the organ of vision is naturally adapted, and which it will endure with most ease. The flame of a good oil lamp is more regular than that of gas or candles, and is therefore to be preferred. The intermittent flickering of gas is particularly injurious, as it produces constant contractions and dilations of the pupil, and undue exercise of the whole organ. By placing a shade of light blue tissue paper over the lamp, the light is ameliorated; for artificial light contains a superabundance of the yellow an red rays, but is deficient in the violet. By allowing it to pass through the bluish medium, it approaches nearer to the light of day, and is better adapted for continuel application of the organs of vision.

The gist of the whole matter is just this. Let your eyes alone, and they may serve you all your days. Should they become out of order, apply to that very important personage, your family physician, and he will instruct you how to "MIND YOUR EYES."—*Scalpel.*

# THE WESTERN JOURNAL.

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### UNIVERSITY OF LOUISVILLE.

The Annual Commencement in the Medical Department of the University of Louisville took place on Thursday evening, the 3d of March, on which occasion eighty-seven gentlemen received the degree of M. D., in ordinary. The *ad-Eundem* degree was conferred upon one, and two received the honorary degree. A catalogue of the graduates will be appended to this number of the Journal. The annual number of the graduates in the University has varied but little for several years past. Once it rose above a hundred, but the number has generally been about ninety. The customary valedictory address was delivered by Prof. Rogers, and was prepared with unusual care. Its topics were not those which are generally chosen on such occasions, but it treated of the Science of Medicine as it is, somewhat in the style in which Dr. Forbes exhibited it in his far-famed essays. A critic might have detected in it some points for animadversion, but we take more pleasure in commending it for its learning, its frank spirit, and its philosophical tone, all of which it displayed in an uncommon degree.

TRANSACTIONS OF THE KENTUCKY MEDICAL SOCIETY.

We have already spoken of the interest of the meeting of the Kentucky Medical Society, which was held, last October, in this city, and of the excellence of several of the reports read at the meeting. The Transactions are now published, and form a neat volume, of which we take pleasure in saying, that it reflects honor upon the medical profession in Kentucky. In point of industrious, careful research, sound judgment, and good taste, most of its articles will compare favorably with any to which the various medical associations of our country have given birth. One of the reports is presented to our readers in the current number, in the department of Selections, and there is no need that we should say any thing as to its merits. Professor Miller is high authority on all subjects connected with obstetrical medicine, and in reference to the matters of which his report treats, we suppose, he has had more experience than any other accoucheur in America. It will interest every reader.

The address of the President, Dr. W. L. Sutton, is a plain, sensible, straightforward paper, containing many just reflections on the duty of physicians to their profession, and to the community. He admits that the profession is not as perfect as it might be, but asks the pertinent question, "What have our fault-finding brethren done to improve its condition?" and then proceeds to answer it thus:

A large majority never took a journal: and perhaps nineteen in twenty never contributed an article to a journal in their lives. They surely might have some charity for the puerilities of others, until they have demonstrated that *they* can do better. Journals must be supported by subscriptions, and by contributions. The subscription list is small: and the contribution list vastly more so. I have looked over the Western Journal of Medicine and Surgery, and find that during the year 1851, *ten* gentlemen in Kentucky, besides the Editor, contributed to its pages! Why is this? Why do not the physicians of Kentucky give to the world the results of their observation? Say that an equal number contributed to the Transylvania Journal, and we have *twenty* for the whole State! I repeat, why is this? The excuse ever ready is, 'the press of professional engagements,' 'entirely too busy,' 'have not the time!' Gentlemen, it will not do. Make your excuse 'want of disposition,' 'want of ability,' or the want of any thing but 'time.' In the name of God do not slander our country by saying that of 1470 physicians in the State, only twenty have time to contribute something to a journal annually. We all have our 'anomalous cases,' and our 'astonishing cures,' which we love to rehearse in the ears of our kind and credulous friends; why not lay them before those whose judgment is worth something: whose good opinion will confer honor?

Dr. Chipley's report on the Vital Statistics of Kentucky, is instructive and able. It is accompanied by a map of Kentucky, so colored as to exhibit, at a glance, the relative mortality of different portions of the State:

The counties are arranged in four classes. The first class, colored black, comprises eighteen counties, embracing all those in which the mortality exceeds two per cent. They contain a population of about 55 persons to the square mile—average mortality, one in 41.90 persons, or 2.38 per cent. The highest mortality in any single county was one in 25.72 persons, or 3.88 per cent.

On inspecting the map, the mass of these counties will be found lying in a connected chain from Mercer to Jefferson—six others border on the Ohio river—one on the Mississippi—and two lie isolated amid the more healthy counties. In at least sixteen of these counties a portion of the excessive mortality was probably owing to the prevalence of that fatal scourge of our race—cholera; this may also have been true of the remaining two, but we have no means of ascertaining the fact. It is probable, however, that in ordinary seasons this class comprise the most insalubrious portions of the State, and demand, as we hope they may receive without delay, the severest scrutiny into the causes, with a view to their removal. We are sure that the mortality is far greater than it ought to be, and that judicious sanitary regulations will very materially reduce it.

The second class, lead color, comprise twenty counties, in which the mortality ranged from 1½ to 2 per cent. With a population of about 30 to the square mile, the average mortality was one in 58.92 persons, or 1.69 per cent. Referring to the map, it will appear that all the counties embraced in this class border on the unhealthy counties, or on the Ohio river. A careful consideration of the position of these members of the second class would seem to sustain the opinion that the pestilential causes that produced such excessive mortality in the first class of counties, had a local origin, and that the noxious particles lost their virulence, becoming less concentrated, as they rolled far away from the foyer where they emanated.

The third class, colored blue, comprise thirty counties, embracing all in which the mortality ranged from 1 to 1½ per cent. The population numbers about 29 persons to the square mile; average mortality, one in 79.16 persons, or 1.23 per cent. Five of this class border on the Ohio river; the remainder, it will be perceived, run in more or less connected chains through different portions of the State. A single county of this class lies completely surrounded by those composing the fourth or most highly favored class. This is the only county in the State where the people are wholly thrown upon their own resources in the management of disease—no member of our enterprising profession having yet had the courage to penetrate within its borders. May not the want of medi-

cal skill solve the problem, why the mortality here exceeds that of every county by which it is bounded?

The fourth and last class, colored red, comprise the remaining counties of the State, and number 32. The mortality ranges below 1 per cent. They embrace a population of about 21 to the square mile; average mortality, one in 122.35 persons, or 0.81 per cent. The least mortality was one in 376 persons or 0.26 per cent. A few of the counties composing this class are fertile and productive, but the major portion of them are mountainous and sterile—supporting a sturdy but sparse population, living, generally, in the utmost simplicity, being neither enervated by idleness and luxury, nor enfeebled by fashionable habits and dissipation

The Report on Medical Ethics elicited warm approbation from the Society when it was read. It comprises the sentiments of the profession on the points to which it is devoted, and is written with force and energy.

The Report on Surgery, by Prof. Gross, is one of the most elaborate, impartial, and judicious ever submitted to a Medical Society in our country. Dr. Gross has exhausted his subject. Not a surgeon of Kentucky, we believe, from the earliest period down to the day when the Report was read, has been omitted, and equal justice seems to have been rendered to every one who has achieved any thing in this branch of the profession. We shall make copious extracts from this admirable paper in our next number.

Dr. Spilman is entitled to much credit for the care with which he prepared the report on the *Indigenous Botany of Kentucky.*

An abstract of Dr. Darby's Report on Cholera is given, with an interesting account, by Dr. B. P. Drake, of Cholera in Lexington.

Dr. Bell reported the form of a *Case-Book*, which was endorsed by the Society. Dr. Bell will have rendered a great service to the profession if his forcible recommendation of this book shall have the effect of inducing its general adoption and use by his brethren.

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### METEOROLOGICAL PHENOMENON.

During a storm of wind and rain, on the night of the 25th of March, a yellow, impalpable powder fell in this city and neighborhood, in such quantities as in some places to cover the ground. Being light, it floated upon the water, and formed a thick film along the sides of the gutters. The phenomenon gains interest from the circumstance that a similar precipitate occurred in Tennessee ten years ago (March, 1843), after a cold,

backward spring, much like the present. Then, as recently, it was accompanied by a rain which succeeded a day of high southerly winds. The powder had very much the appearance of *flowers of sulphur*. It was combustible, and burnt with the odor of vegetable matter. The explanation generally given of it is, that it is the pollen of flowers wafted into our region by the winds from the South.

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TO THE MEDICAL PRACTITIONERS OF KENTUCKY.

At the last meeting of the State Medical Society of Kentucky, the undersigned was appointed Chairman of the Committee on Surgery; and he requests the medical gentlemen in different parts of the State to communicate to him an account of every case, or professional observations of special interest, that have recently occurred to them in the surgical departments of their practice.

He would particularly request precise and circumstantial replies to the following inquiry, from any who can make them affirmatively, viz:

Have you ever known any — and if so, how many — instances of death from uncomplicated disease of the ovaria, and what was the age of the patient or patients at the time of death?

Communications in response to this call should be forwarded, if possible, by the first of September next.

JOSHUA B. FLINT.

Louisville, March 1st, 1853.

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CERTIFICATES TO NOSTRUMS.

Some years since, Dr. C. W. Crozier, of Knoxville, Tenn., submitted a plan to the profession for "superseding quack nostrums." An "Association of Physicians" had been formed, he said, which had undertaken the herculean labor. He wrote to the Senior Editor of this journal asking his opinion of the scheme, and submitting for his revision and criticism certain compounds. As Dr. Crozier's project seemed to be a benevolent one, a civil answer was returned to his letter, and out of this he has manufactured a certificate to the virtues of some pills which

he is now advertising as a nostrum! If this is a part of his plan for "suppressing quackery," all we have to say is, that it appears to us as a queer one; and if such is the use he makes of letters procured by such a method, we assure him that gentlemen will be cautious hereafter how they put it into his power to use their names.

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### DEATHS OF EMINENT PHYSICIANS.

Within a short time past several of the most noted members of the medical profession in Europe have died. The death of Pereira, the author of the great work on Materia Medica, was announced several weeks since. Dr. George Gregory, the eminent author and physician, died a few days after him; and we have just seen that the great chemist, Orfila, has been called away from the field of his labors. All these names are familiar to medical readers in every part of the world. From a somewhat extended biographical notice of Dr. Pereira in the London Lancet, we copy the following:

The subject of our present memoir was born in the parish of Shoreditch, London, on the 22d of May, 1804. He received the rudiments of his education at some of the small schools in the neighborhood; and when he was about ten years of age he was placed under the tuition of a classical master of no ordinary attainments. This gentleman kept an academy at No. 10 Queen street, Finsbury, and Pereira remained with him for a period of four years, during which time he obtained the friendship of his preceptor, who was accustomed to speak of him as a boy of considerable merit. When he left school he manifested a strong desire to enter the medical profession; and accordingly, at the age of fifteen, or a little earlier, he was articled as an apprentice to Mr. Latham, an apothecary of the City-road. There he remained between two and three years, when his master became the subject of mental disease. This led to the breaking up of the practice and to the cancelling of Pereira's indentures. While he was with Mr. Latham he studied hard at his classics, and he drew a vocabulary of Latin terms for his guidance in dispensing.

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In 1842 he gave two short courses of lectures at the rooms of the Pharmaceutical Society, and, in the year following, he was appointed its first professor. During that year he published his work on Food and Diet, and he was elected on the Council of the Royal Society. By that time, his practice as a physician had become rather extensive, and as it was rapidly increasing, he determined to throw aside his more scientific

pursuits. Accordingly, in 1844, he resigned a part of the course of chemistry at the London Hospital into the hands of Dr. Letheby; in 1845 he gave up a larger portion of it; and in 1846 he relinquished it altogether. He continued, however, to lecture on Materia Medica at both the Hospital and the Pharmaceutical Society, and there is no reason for believing that he contemplated any change in this matter until the new regulations of the Apothecaries' Society transferred his course to the summer session. This arrangement intefered with his usual habits, and also with his ideas of the importance of the subject, and consequently, in 1850, he resigned his lectureship at the Hospital, though he still continued to deliver a winter course at the Pharmaceutical Society. In 1845 he was elected a fellow of the College, and, in 1851, he became a full physician at the Hospital. He had now reached the summit of his ambition: his reputation as an author was established, and the rewards of his industry was falling thick about him. He was a fellow of many scientific societies, he was in constant communication with the learned of all countries; he was intimately connected with many of the greatest institutions of the metropolis, and was, in fact, their brightest ornament; he had collected around him a large circle of friends and admirers, and he saw before him the prospect of wealth and happiness. In the midst of all this, however, he was stricken down, and that so suddenly, that he had hardly time to take leave of those who were about him. He died on the 20th of January last, and within one week of health and hope he was placed in his last resting place. His funeral took place at Kensal-green, on the Thursday following, in the presence of a large number of friends and pupils, who mourned in silent grief.

A retrospect of the labors of this distinguished physician will show that he was a man of no ordinary capacity, that he was characterized by qualities which always ensure success. He had an unquenchable thirst for knowledge, an indefatigable spirit, unbounded industry, and a determination of purpose that was irresistible. Whatsoever he did he did well, and he therefore made his performances as valuable to others as they were creditable to himself. This is evidenced by the works to which we have alluded, for they have made for him the reputation which he possessed, and have given to others the means of acquiring knowledge which is not to be found elsewhere. The great peculiarity of his efforts is, that he aimed more at bringing within our reach the treasures of other men's minds, than of exposing those of his own. He has, indeed, been charged with a want of originality, and, most certainly, if we estimate him by the value of his own independent researches, he is open to such a charge; but it must also be admitted that it is an equally useful element of the human mind, that faculty which urges men to gather up the scattered facts of science, and to mould them into a shape that may be made available to all. This has our author accomplished, and the result of his labors will endure beyond the efforts of originality, for they will last through all time, as a monument of his industry.

### OUR DELAY.

It cannot have escaped the remark of our readers, that our issues have been for some time past growing progressively more tardy, until at length we have fallen more than a month behind our regular day of publication. We assure them the fault is not with us; and we also beg them to believe that this circumstance, however unpromising, is not an indication that our work is about to be discontinued. The delay has been occasioned by the press of work at the office where the Journal is printed, and we have the pledge of the publishers that in future they will observe greater punctuality.

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### AMERICAN MEDICAL ASSOCIATION.

The Sixth Annual Meeting of this Association will be held at the city of New York, on Tuesday, May 3d, 1853.

The Secretaries of all Societies, and other bodies entitled to representation in this Association, are requested to forward to the undersigned a correct list of their respective delegations as soon as they may be appointed; and it is desired by the Committee of Arrangements that these appointments be made at as early a period as possible.

The following is an extract from Article II. of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for each additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing, shall have the privilege of sending one delegate."

EDWARD L. BEADLE,

*One of the Secretaries of the American Medical Association.*

42, Bleecker street, New York.

The delegates of the University of Louisville, for this year, are Prof. S. D. Gross, and Prof. L. P. Yandell.

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